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A Pedagogical Approach to Assist Learners with a Generalised Anxiety Disorder

By
Deirdre Gorman

Dissertation submitted in partial fulfilment of the requirements of the MA in
Training and Education

Faculty of Training and Education

Griffith College Dublin.

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DECLARATION

I hereby certify that this material, which I know submit for assessment on the programme of study leading to the award of the MA in Training and Education, is my own; based on my personal study and / or research, and that I have acknowledged all material and sources used on its preparation. I also certify that I have not copied in part or whole or otherwise plagiarised the work of anyone else, including other learners.

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ABSTRACT

The Purpose of this paper is to investigate a potential pedagogical approach that might improve the learning environment for students presenting with a generalised anxiety disorder. Generalised anxiety disorder, comes under the banner of mental health and is classified as a disability. (AHEAD 2020).

The research objectives for this study are as follows:

1. To establish a context for mental health in higher education.
2. To identify if stigma is a barrier to learning for students with anxiety.
3. To identify the skills deficit in students with a generalised anxiety disorder
4. To investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder

A review of the literature pertaining to generalised anxiety disorder identifies both physical and psychological impacts and how in turn, this affects learning. The literature also identifies institutional barriers to learning such as disclosure of mental health problems and associated stigma. Skill deficits such as self-advocacy, self-regulation and self-determination appear to be prominent in students with anxiety. The primary research set out to investigate how experienced lecturing staff can help develop these skill deficits in students with anxiety.

The research methodology undertaken for this study followed an interpretivist / pragmatic approach using qualitative research. Primary data was gathered through eight semi - structured interviews.

The findings from the secondary and primary research provides useful insights, into how to foster skill deficits in both students with anxiety and all other students.

Recommendations for future research include a longitudinal study. This might provide for more informed solutions that would improve the learning environment for students with a generalised anxiety disorder.

Keywords: Education; Disability; Mental Health; Anxiety; Generalised Anxiety Disorder; Self-advocacy; Self-regulation; Self-determination.

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Contents

Title Page	1
Declaration	2
Abstract	3
Acknowledgments	4

Chapter 1: Introduction

1.1	Overview	10
1.2	Research Purpose	10
1.3	Significance of the Research	10
1.4	Research Objectives	11
1.5	Structure of the Study	11

Chapter 2: Literature Review

2.1	Introduction	13
2.2	Context of Third-Level Student Mental Health in Ireland	14
2.3	Anxiety Disorders	15
2.3.1	Generalised Anxiety Disorder	15
2.4	Student Transition to College Life	16
2.4.1	Institutional Barriers for Students with Anxiety Disorder	17
2.5	Stigma	18
2.6	Learning Challenges for Students with Anxiety Disorders	19
2.7	Skill Deficits in Students with Anxiety Disorders	20
2.7.1	Self-Advocacy	20

2.7.2	Knowledge of Self and Knowledge of Rights	21
2.7.3	Communication	22
2.7.4	Leadership	22
2.8	Self-Regulation	23
2.8.1	Self-Regulated Learning	24
2.8.2	Fostering Self-Regulation Skills in Students with Anxiety	24
2.9	Self-Determination	26
2.9.1	Self-Determination Theory	27
2.9.2	Fostering Self-Determination in Students with Anxiety	30
2.10	Classroom Management for Students with Anxiety	30
2.11	Universal Design for Learning	31
2.12	Supports for Lecturing Staff	33
2.13	Conclusion	33
	Chapter 3: Research Methodology	34
3.1	Introduction	34
3.2	Research Objectives	34
3.3	Approaches to Research	34
3.4	Research Philosophy	35
3.5	Research Approach	37
3.6	Methodological Choice	38
3.7	Research Strategy	38
3.7.1	Qualitative Interviews	38
3.8	Time Horizon	38

3.9	Data Collection	39
3.9.1	Pilot Testing	39
3.9.2	Sampling	40
3.10	Limitations	40
3.11	Data Analysis	40
3.12	Validity and Reliability	41
3.13	Ethics	41
	Chapter 4: Findings, Analysis and Discussion	43
4.1	Introduction	43
4.2	Background Information of Respondents	43
4.3	Findings for Objective One	44
4.3.1	Awareness of Mental Health	44
4.3.2	Recognition of Physical Signs of Mental Health Problems	45
4.3.3	Recognition of Psychological signs of Mental Health Problems	46
4.3.4	Awareness and Understanding of the Condition Generalised Anxiety Disorder	46
4.3.5	Disclosure and Communication of a Mental Health Condition	47
4.4	Discussion of Objective One	47
4.5	Findings for Objective Two	48
4.5.1	Stigma Inhibiting Students from Seeking Help	48
4.5.2	Stigma Emanating from Faculty	49
4.6	Discussion of Objective Two	50
4.7	Findings for Objective Three	51
4.7.1	Self-Advocacy	51

4.7.2	Self-Regulation	52
4.7.3	Self-Determination	52
4.8	Findings for Objective Four	52
4.8.1	Self-Advocacy	52
4.8.2	Knowledge of Self and Rights	54
4.8.3	Communication	54
4.8.4	Leadership	54
4.9	Discussion of Self-Advocacy	54
4.10	Findings for Self-Regulation and Self-Regulated Learning	55
4.10.1	Discussion of Self-Regulation and Self-Regulated Learning	56
4.11	Findings for Self Determination and Self Determination Theory	57
4.12	Classroom Management	59
4.12.1	Discussion of Classroom Management	59
4.12.2	Supports for Lecturing Staff	59
4.13	Other Points for Discussion	60
4.14	Conclusion	61
	Chapter 5: Conclusions	62
5.1	Objective One	62
5.2	Objective Two	62
5.3	Objective Three	62
5.4	Objective Four	63
5.5	Recommendations for Practice	64
5.6	Recommendations for Future Research	64
	List of References	65

Appendices

List of Appendices **73**

Appendix 1	Participant Information Sheet	73
Appendix 2	Consent Form	75
Appendix 3	Interview Guide	77
Appendix 4	Selection of Content from Transcripts	81

List of Tables

Table 1	Practical Examples of the Application of Universal Design for Learning for Students with Anxiety	32
Table 2	Interpretivism and Pragmatism, Philosophy and Assumptions	37
Table 3	Profile of Respondents	43

List of Figures

Figure 1	Conceptual Framework of Self-Advocacy	21
Figure 2	Cyclical Phase Model	25
Figure 3	Components of Self-Determined Behaviour	27
Figure 4	Determinants of Motivation	29
Figure 5	The Research Onion	35

CHAPTER ONE - INTRODUCTION

1.1 Overview

The impetus for this study was to find a way to support students with an anxiety related disorder and in particular, to focus on generalised anxiety disorder (GAD) in the classroom.

Exposure and awareness of mental health issues features heavily today across all media platforms and the public are inundated with reminders to look after their mental health. A number of studies have highlighted the mental health crisis across the general population. Other studies have focused on mental health issues amongst young people in general and others on students in higher education. Recommendations include policy changes in third level education, integrated mental health services, reasonable adjustments and mainly emphasise supports in the student's peripheral environment. Whilst this is important, the author contends that in order to have a more direct influence, interventions are required in the classroom and at the design and delivery of lectures and tutorials.

According to Vandellind (2016), there are some researchers who actively seek approaches to alleviate the problems posed by mental illness from an institutional or cultural approach but not from a learning-centered approach. However, Vandellind (2016) suggests educators and students alike could benefit from additional research in terms of how to present solutions inside the classroom.

1.2 Research purpose

The purpose of this research is to investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

1.3 Significance of the study

Research clearly indicates that poor mental health is a growing problem amongst young people. Students with an anxiety condition face additional psychological challenges, which seriously affects their ability to learn. Generalised anxiety disorder manifests in a lack of confidence, low self-esteem, excessive worry, rumination, muddled thoughts and a general feeling of helplessness and inability to cope. Medicine, Cognitive Behavioural Therapy and Self-help are three routes cited to alleviate this condition. At college level, supports are on

the peripheral. However, lecturers are in the prime position of being on the front line and are in a position to adapt pedagogical approaches to assist learners with a generalised anxiety disorder. The significance of this study is that it highlights the struggle of students with a serious anxiety condition and provides practical suggestions for how lecturers might develop skill deficits in these students. It is hoped that this intervention, might position a student with a generalised anxiety disorder to navigate college life and improve their learning environment.

1.4 Research objectives.

The aim of this research study is to improve the learning environment for students with a generalised anxiety disorder. This will be achieved through the following research objectives:

1. To establish a context for mental health in higher education.
2. To identify if stigma is a barrier to learning for students with anxiety.
3. To identify the skills deficit in students with a generalised anxiety disorder
4. To investigate a pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

1.5 Structure of the Study

Chapter two: Literature review

This chapter contains a review of the relevant literature pertaining to the research question and objectives. Within this section, the researcher identifies skill deficits that appear to be common amongst people with anxiety disorders. These skill deficits relate to self-advocacy skills, self-regulation skills and self-determination skills. Although there is a cross over amongst these skills, the researcher has treated them separately in order to clearly identify the component parts of each specific skill deficit. The researcher then identifies approaches that lecturing staff may take in order to foster self-advocacy, self-regulation and self-determination skills in students with a generalised anxiety disorder.

Chapter three: Research Methodology

This chapter contains an account of the research methodology underpinning this dissertation. This includes the researcher's philosophical approach, objectives, research strategy, methodological choice, validity and reliability, limitations of the study and ethical approach.

Chapter four: Findings and Discussion.

In this section, the findings from the primary research are presented. This is followed by a comparison and discussion with the main the main themes form the literature. The aim of this chapter is to draw out nuances and insights.

Chapter five: Conclusions.

This final chapter presents the conclusions of the study. The research question is answered and a conclusion presented on the four research objectives. Recommendations for practitioners and for future research are provided.

2. CHAPTER TWO - LITERATURE REVIEW

2.1 Introduction

This section contains a review of the relevant literature pertaining to the area of anxiety and in particular generalised anxiety disorder and the implications and barriers to learning this presents for students with this condition. Mental health is considered a disability and as such, many of the findings from secondary research related to mental health emanated from the literature pertaining to the area of disability. However, the researcher extracted the relevant information pertaining to anxiety as a disability. Under the Disability Act 2005, the term 'disability', in relation to a person, means:

'a substantial restriction in the capacity of a person to carry out a profession, business or occupation in the State or to participate in social or cultural life in the state by reason of an enduring physical, sensory, mental health or intellectual impairment.' (AHEAD 2020).

A mental illness becomes a disability when the student's ability to cope successfully is compromised. (Belch 2002).

This literature review will include a synopsis of the mental health situation in Ireland and in particular will highlight recent studies, which illustrate the seriousness of the issue. The writer will then review issues of disclosure and stigma. The writer will identify skill deficits experienced by students with a generalised anxiety disorder, which inhibit learning. Continuing from this, the writer will examine pedagogical approaches that may help to foster these skill deficits in students presenting with a generalised anxiety disorder. However, the intention is for these approaches to assist all students in an inclusive teaching and learning environment. The literature in this section underpinned research objective four, which is to identify a possible pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder. For self-advocacy, the researcher used Test et al (2005) conceptual framework of self-advocacy. With regard to self-regulated learning, the component parts of the cyclical phase model adapted from Zimmerman and Moylan (2009) underpinned self-regulated learning questions. Finally the work of Wehmeyr and Field (2007), Getzel and Thoma (2008) underpinned self-determination. The work of Ryan and Deci

(2000), Ryan, and Niemiec (2009) underpinned research on self-determination theory. The researcher specifically chose to focus on these particular writers, as they had substantial evidence to support the validity of their work.

2.2 Context of Third Level Student Mental Health in Ireland

A national report on student mental health conducted by the student union of Ireland and funded by the Health Service Executive found that 38% of students experience severe levels of anxiety with 29.9% experiencing depression and 17.3% experiencing stress (Price, Smith and Kavalidou 2019). An earlier report by AHEAD (2017), found a 46% rise in the number of new students registering with a mental health condition. This cohort represented 14% of all new students registering with a disability in 16/17, (AHEAD 2018). This increased to 15.7% in 17/18 (AHEAD 2019). Challenging Times Report (2013) indicated that anxiety disorders are the most prevalent type of disorder among 19 - 24 years old. Other prominent studies and policy documents produced across colleges in Ireland such as, A Mental Health Strategy for Students of NUI Galway (2007), University College Dublin (2015), Better Outcomes Brighter Futures (2014), My World Survey, (Dooley and Fitzgerald 2012) highlight inconsistencies ranging from a lack of funding and services to teaching and learning supports. Findings from the above surveys and reports have led to a number of campus wide initiatives such as the introduction of student welfare officers, greater integration of mental health services across campus, staff training in mental health awareness, greater access to counselling service, mental health talks and mental health applications. However, whilst it appears some progress is under way, evidence suggests that this is not coming quick enough, as reflected in an RTE documentary “The big picture young and troubled”, (RTE 2018) and the recent USI national report on student mental health in third level education (Price, Smith and Kavalidou 2019).

In Griffith College Dublin a panel was established in 2017 to investigate and develop policies to support students with mental health issues. Some of the recommendations were implemented, but not all. There are currently no concrete statistics of students presenting with anxiety related disorders, but anecdotal evidence suggests that this is rising and lecturers

would have experienced distressed students attending college absenteeism related to stress, anxiety and depression. (Tracey 2019, Dowling 2019, Fitzpatrick 2019).

2.3 Anxiety Disorders

Anxiety disorders are diagnosed 'when the worry or fear is so significant to the person that it affects her or his daily functioning, and has continued for a long period of time with the symptoms being present more days than not.' (Stock and Levine 2016, p.10). It disrupts the persons thinking, mood, and ability to relate others (Belch 2002). Anxiety can manifest itself in many ways, from panic attacks, phobias, social anxiety disorders and generalized anxiety (Stock and Levine 2016; Macaskill 2012; Cannon et al., 2013; Mental Health Ireland 2019; Spunout 2019) This can result in poor behavior, mood swings, aggressiveness, sadness, feeling of terror, sweating, chest pains, worrying, lack of concentration and motivation. Students can have difficulty screening out stimuli (sights, sounds) coping with unexpected changes in assignments or exams, interpreting criticism or determining what to improve on and serious test anxiety (Belch 2002) The work of Nadeem et al (2012) showed that when anxiety increases, academic achievement decreases both in male and female students. Often students spend too much time and energy focusing on their illness and the associated stress and worry it brings (Nadeem et al 2012). Worries about social isolation, withdrawal, and academic failure, are all stressors. (Belch 2002). There are many types of anxiety disorders and for the purpose of this research; the writer will focus on generalized anxiety disorder. A list is provided in appendix 4 of the various types of anxiety disorders.

2.3.1 Generalised Anxiety Disorder.

The Health Service Executive (HSE) describes Generalised Anxiety Disorder (GAD) as a long-term condition causing sufferers to feel anxious about a wide range of situations and issues, rather than one specific event (Health Service Executive 2019). People with GAD feel anxious most days. The severity of the condition varies, but it is present most of the time (Health Service Executive 2019). They worry, ruminate and often struggle to remember the last time they felt relaxed. It affects one in five adults in the UK (National Health Service UK 2019). The symptoms overlap with those of other common mental disorders and the disorder could be regarded as part of a spectrum of mood and related disorders rather than an independent disorder. (Tyrer and Baldwin 2006). GAD can co – occur with depression (Anxiety and

Depression Association of America 2020) In Ireland, GAD is the most commonly diagnosed anxiety disorder and usually affects young adults (Mental Health Ireland 2019). GAD has a relapsing course, and intervention rarely results in complete resolution of symptoms, but in the short term and medium term, effective treatments include psychological therapies, such as cognitive behavioural therapy; self-help approaches based on cognitive behavioural therapy principles and medicinal interventions (Tyler and Baldwin 2006). This dissertation will focus on the self – help component as a form of effective treatment.

2.4 Student Transition to College Life

When students enter third level education, colleges have a duty of care to look after them. (Macaskill 2012; National Strategy for Higher Education 2030).

According to Belch (2000 p. 89), ‘a fundamental goal of higher education is to create and sustain campus communities that are supportive, understanding and caring. Campuses with these qualities afford all students the opportunity to learn and express themselves freely and experience a sense of connectedness and belonging in order to reach their academic goals’.

For many students the transition to college life is challenging at the best of times, however, for those with mental disabilities, this transition can be overwhelming (Pedrelli *et al* 2015). For a large number of students the high-risk period for the onset of mental disorders coincides with entrance and time spent in third level education (Chambers and Murphy 2015). Transitions from school to further education, training or university were also been identified as presenting challenging times for young people with mental health concerns (Access 2017)

Multiple writers and organisations make recommendations to ensure that students are aware of all college supports in place for them. The range of supports tend to be peripheral and direct students to mental health support websites, individualised counselling supports, talks on well-being, stress management and mental health task forces. (AHEAD 2020, Belch, 2011;

Minahan, 2014; DiPlacito – DeRango 2016; Savani, 2017; Goldman 2018; Stock and Levine, 2016). Nonetheless, students with a disability have a right to an inclusive education and are protected under the Disabilities Act 2005 (AHEAD 2020). However, according to Belch (2011) there is a significant difference between legislating access and fostering acceptance, inclusion and integration into a college campus community. From the perspective of higher education and student affairs, inclusion and integration refers to a sense of belonging, connectedness and meaningful participation in college life (Kalivoda 2009).

For students, the college admissions department is the first point of call for declaring a disability. Students with a disability can access college through the disability access route to higher education (DARE), for those colleges who participate in the DARE scheme. Students are required to have a clear diagnosis from a specialist or consultant and with all supporting documentation of their condition. (Access 2020). However, colleges have an allocation of DARE places, and as such, not all students will qualify. For example, University College Dublin (UCD) have approximately 5% of places reserved for DARE eligible applicants. (UCD access and lifelong learning 2020). Trinity College Dublin (TCD) on the other hand reserves approximately 8% of places on courses with 40 places, however on smaller courses, there may only be one or two places. (Trinity College Dublin 2020). Griffith College Dublin do not partake in the DARE scheme. Whilst the scheme is useful, a review of the DARE access in UCD conducted by Patton and Tonge (2013) found that with a DARE student comes the risk of segregation or stigmatisation. There is also an increased risk that students may feel isolated from peers and that a process that focuses on a student's difficulties and inability to perform to their full potential, could lead to a lack of confidence going forward in education. (Patton and Tonge 2013)

2.4.1 Institutional Barriers for Students with an Anxiety Disorder.

Research indicates that barriers continue to exist at different levels within institutions. Barriers such as lack of funding, stigma and stereotyping, poor staff professional training, lack of teacher awareness disclosure issues, and underdeveloped policies (Collins and Mombray 2005; DiPlacito – DeRango 2016; Price, Smith and Kavalidou 2019).

Other barriers such as, an unwillingness to make reasonable adjustments, lack of assessment choice and lack of staff awareness of student's disability in the classroom were noted (Kendall 2016). As such, these barriers can escalate problems for both students and teaching staff addressing the needs of students. Collins and Mobray (2005) found that a major barrier for students accessing disability services is fear of disclosure and stigma. In Ireland, the My World Survey (Dooley and Fitzgerald, 2012) found that young people with mental health problems were the least likely to disclose mental health difficulties and seek support. According to Mac Gabhann et al (2010), 70% of people with a mental illness choose not to disclose their condition because of stigma and fear of discrimination.

2.5 Stigma.

Research indicates the problem of stigma prevents disclosure of mental health problems by students. (Collins and Mobray 2005; Getzel and Thoma 2008; MacGabhan et al 2010; Dooley and Fitzgerald 2012). Casa (2014) and Matthews (2009) highlight the issue of self – stigma, whereby students with mental health issues internalise negative attitudes upheld and expressed by society and as such can feel stigmatised and will not seek help. A study by Kendall (2016) explored disabled views of studying in Higher Education, findings indicated that not all students identified with being disabled (disability is considered physical not mental) and for some there was a reluctance to disclose a disability due to perceived associated stigma. Students do not disclose for fear of being labelled (Matthews 2009).

The work of Kitrow (2003) contends that the identification of students with a mental health problem are based on a socially constructed view of what mental health problems are known to look like, which may not be the case. Societal culture and the socially constructed view of mental health can dehumanise individuals with mental illness. (Belch 2011).

Stigma emanating from faculty was thought to be based on a lack of awareness and training (Belch 2002). On the other hand, the work of Matthews (2009) drew attention to anxiety faced by teaching staff, particularly when attempting to help students who do not disclose mental health issues. Matthews (2009) refers to these students as the invisible student. Failure to disclose mental health difficulties means the student is not equipped to deal with any learning challenges and the teacher is unaware there is a problem. However, the

researcher contends that this phenomenon of stigma is changing. Recent government initiatives such as 'Your Mental Health' and more recently 'Mind Your Mental Health' during the coronavirus outbreak, help to normalise mental health concerns (Health Service Executive 2020, Mental Health Ireland 2020, Mental Health Reform 2020, and Spun Out 2020).

Where stigma exists Vanderlind (2017) contends that teachers can help students manage internalized stigmas and deal with specific mental health issues through self-regulation. Olney and Brockleman (2003) found in Belch (2011) contend that an absence of self – advocacy skills may interfere with a student's ability to seek help. Because of the above barriers, it is important for teachers to intervene and develop skills that will assist GAD sufferers but will be of benefit to all students.

2.6. Learning Challenges for Students with Anxiety Disorders

In general, students with disabilities struggle with the ability to persist and earn a degree; however, students with mental health issues are at great risk of failure, (Belch 2011). In the context of students with GAD, persistence is the ability to sustain effort, even when faced with a real or perceived difficulty Minahan (2014). Students with anxiety experience difficulties sustaining concentration, overcoming distractions, worrying, coping with unexpected changes in coursework, managing deadlines, prioritising, interpreting criticism and determining what to improve on and severe test anxiety. (AHEAD 2020; Stock and Levine 2016; Macaskill 2012; Cannon et al., 2013; Mental Health Ireland 2019) Mental health disorders can interfere with concentration, motivation, memory, making decisions and social interaction (Nail et al 2014).

A review of the literature pertaining to the area of disability, anxiety and general anxiety disorder highlighted a number of skill deficits, which are prevalent in students with an anxiety disorder (Test et al 2005; Getzel and Thoma 2008; Hartley 2013; Minahan 2014; Dryer, Henning, Tyson and Shaw 2016; Savani 2017; Goldman 2018). A review of these skill deficits will follow. The writer chose to focus on three main skill deficits: self-advocacy, self-regulation and self-determination. These particular deficits encompass a variety of component skills. The secondary research frequently highlighted a crossover between these three skill deficits.

2.7. Skill Deficits in Students with Anxiety Disorders

2.7.1 Self-Advocacy.

There are a range of definitions for self-advocacy and Test et al (2005p. 51) contend the variety of definitions 'could understandably lead to confusion for anyone trying to design instruction to promote self-advocacy skills'

Test et al (2005) conducted extensive research on studies and academic literature in the area of self-advocacy from 1972 to 2003. Resulting from this research, Test et al (2005) consolidated their findings and developed a framework of self-advocacy to serve as a guide for instructional planning, curricular design and assessment of self - advocacy for student. The framework features four components, knowledge of self, and knowledge of rights, communication and leadership. Test et al (2005) contend that once knowledge of self and knowledge of rights are established, the ability to communicate is vital for self-advocacy to occur. According to the framework each of the components are interrelated and co-dependent. Each component represents steps towards the achievement of self-advocacy.

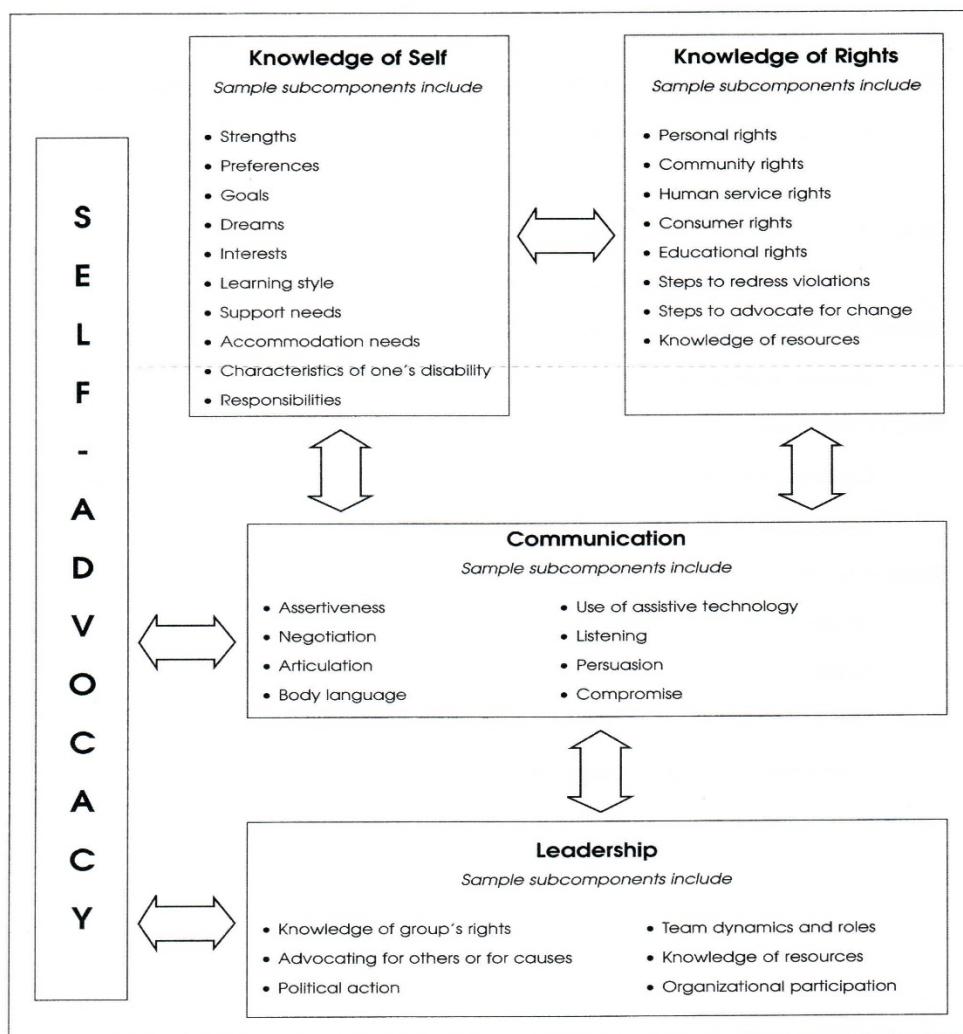


FIGURE 1. Conceptual framework of self-advocacy.

Figure 1 Conceptual framework of self-advocacy. (Test et al 2005, p. 49).

2.7.2 Knowledge of self and knowledge of rights.

Knowledge of Self is related to having an understanding of one's disability, learning style, strengths, goals, support needs and accommodation needs (Test et al 2005). Knowledge of self and knowledge of rights are viewed as foundations of self – advocacy, because it is necessary for students to understand and know themselves before they can tell others what

they want. (Test et al 2005). The work of Getzel and Thoma (2008) showed that learning about oneself and in particular, one's disability was directly related to the self-determination. The area of self-determination will be addressed later in this dissertation. Knowledge of rights concerns understanding one's personal rights, knowledge of resources available, educational rights and steps to redress violations (Test et al 2005). In addition to knowledge of self and rights, students need to be able to communicate adequately.

2.7. 3 Communication

According to Test et al (2005) communication as a component of self – advocacy is learning how to communicate information effectively with others through negotiation, assertiveness and being able to problem solve in both individual and group situations is critical to self-advocacy. Subcomponents of communication skills include assertiveness, articulation, persuasion and compromise (Test et al 2005). This involves asking for help. With regard to help, Rickwood et al (2005) explain help seeking, as a term that is used to refer to the behaviour of actively seeking help from others. This involves communicating with other people to get help in terms of advice, information, and general support in response to a problem or a distressing experience (Rickwood et al 2005). As help seeking relies on other people, it is based on social relationships and interpersonal skills (Rickwood et al 2005). As such, asking for help through effective communication skills supports self-advocacy. However, according to Minahan (2014) help seeking will only happen by removing the stigma of mental health and making it easy for students to access help; while at the same time, attempting to identify the source of the problem and perhaps if this is something that the student can fix for themselves. Minahan (2014) contends that GAD students need to be able to seek help when difficulties arise, rather than avoid the task or give up altogether.

2.7.4 Leadership

The final component of the framework according to Test et al (2005, p. 50) is leadership and this includes 'learning the roles and dynamics of a group and the skill to function in a group'.

However Test et al (2005) contend that there are limited studies related to leadership as a part of self – advocacy and relate this to Johnsons (1999 as found in Test et al 2005) observation that a person can self-advocate without having to be a leader.

2.8 Self-Regulation

Vohs and Baumeister (2004) contend that self – regulation refers to the exercise of control over oneself, and bringing oneself into line with standards. According to Vohs and Baumeister (2004) self-regulation has two sides, a practical side and a theoretical side.

‘A recognition of the practical significance of self-regulation brings about the realization of its profound impact on everyday struggles’ (Vohs and Baumeister 2004 p.3).

Whilst the theoretical side is important for this dissertation, it is the practical application of self-regulation that is hoped will have an impact on learners with a generalised anxiety disorder. It is good to note that research from Goldman (2018) contends that self – regulation has shown positive results in students with mental health concerns. This was most notable through metacognition. Zimmerman (2002) explains metacognition as the awareness and knowledge of ones thinking. However, metacognition does not eliminate mental health issues; however, it is a resource that can be used to help students improve processing and self-regulation in academic settings. (Goldman 2018). Vanderlind (2017) contends that teachers can help students manage and deal with specific mental health issues through self-regulation. However, mental health symptoms and prescribed medication impair student’s ability to self-regulate. As such, teachers need to be cognisant of this fact and allow for setbacks. The next section will focus on self-regulated learning and will identify approaches that might facilitate self-regulated learning.

2.8.1. Self – Regulated Learning.

Self-regulated learning refers to the learner's ability to understand and control the learning environment. Paris and Paris (2001,p.90) explains that self-regulated learning 'emphasises autonomy and control by the individual who monitors directs and regulates actions towards goals of information acquisition, expanding expertise and self-improvement'. Self - regulated learning refers to the processes a student engages in when taking responsibility for their own learning and applies to academic success (Zimmerman 1990). In further studies Zimmerman (2002) contends that self-regulation of learning involves more than detailed knowledge of this skill; it involves self-awareness, self-motivation and behavioural skills to implement that knowledge appropriately. According to Paris and Paris (2001), good self-regulators have perfected the skills to be effective learners. They apply learning strategies, effort and persistence (Paris and Paris 2001). TEAL (2010) contends that effective learners are self-regulating, set productive goals and adapt strategies to achieve goals. However, learners with anxiety often struggle with the components of self-regulated learning (Minahan and Shultz 2014). However, there is supporting research to say that with adequate training all students, including low performance students, can improve their level of control over learning and performance (Torrano Montalvo and Gonzalez Torres 2004). According to TEAL (2010), the key for instructors is to understand how to foster and teach these skills in students.

2.8.2 Fostering Self-Regulation Skills in Students with Anxiety.

The work of Zimmerman (2002) demonstrates that self-regulation consists of three phases, forethought, performance control and self-reflection. These stages reflect the process students go through at the start, middle and end of a task. The forethought phase is where the student analyses the task, sets goals and plans how to achieve those goals. Different motivational beliefs will energise the process and influence the initiation of learning (Panadero 2017). The performance phase is where students execute the task and at the same time monitor progression. The self-reflection phase is where students assess performance and make attributions regarding success or failure (Zimmerman 2002). Panadero (2017)

contends these attributions generate self – reactions that can positively or negatively, influence how the students approach tasks in future.

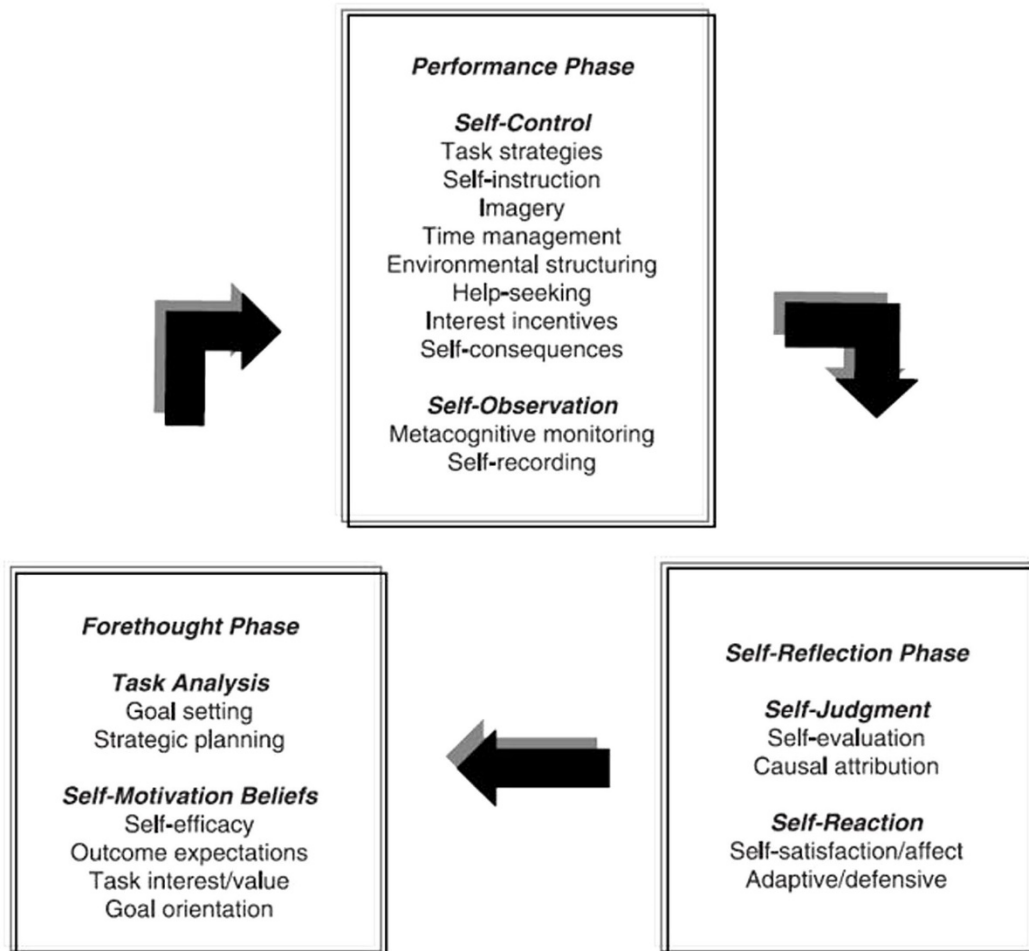


Fig 2 Cyclical phase model

Zimmerman and Moylan (2009)

Zimmerman (2002) suggests that in order to encourage self-regulated learning, teachers need to prepare students to learn. The above cyclical phase model of self-regulated learning identifies three key phases students go through while undertaking a task. However, the work of Zimmerman (2002) identifies that individual differences in learning can be attributed to students lack of self-regulation. As such, students need to understand themselves, in order to manage their limitations in their efforts to learn. Zimmerman (2002) contends the goal of the teacher should be to empower students to become more self – aware of their differences.

A number of other writers make suggestions for how teachers can help students with self-regulated learning. Minahan (2014) suggests teachers can help students with generalised anxiety disorder by assisting the student with initiation, and getting started. This means teachers help the student to organise their thoughts and engage in the task. This also requires students are taught how to self – monitor in an effort to stay on track and increase independence. In order to maintain momentum (Minahan 2014) suggests acknowledging students attempts at persistence, even if the final grade is not as high as expected. In attempting not to overwhelm the anxious student, Savani (2017) suggests scaffolding a major paper assignment and Minahan (2014) talks about chunking assignments. Zimmerman (2002) recommend students be given choice, regarding academic tasks and how they will be achieved. Moos and Ringdal (2012 suggest identifying conditions that help and those which cause distractions. However, Minahan (2014) raises concern by suggesting that too much support can cause overdependence on the teacher. Zimmerman (2002, p. 65) observes that ‘even it were possible for teacher to accommodate every student’s limitation at any point during the school day, their assistance could undermine the most important aspect of this learning – a student’s development of a capacity to self-regulate’.

2.9 Self - Determination

Research has documented the role of self-determination in successful outcomes for a wide variety of students with disabilities (Price and Mulligan 2002). A study conducted by Getzel and Thoma (2008) highlighted the importance students with disabilities attached to self – determination in helping them to persist in college. Components of self-determination as determined by students related to goal setting, understanding ones disability, self-management, and problem solving. These skills helped them to become better self-advocates. This was in line with the essential component skills of self-determination as found in the literature underpinning this study (Getzel and Thoma 2008). The work of Wehmeyer and Field (2007) identifies components of self-determined behaviour in students with disabilities. See table below 2.9 below.

According to Wehmeyer and Field (2007, p. 5) 'people who are self-determined act autonomously, self-regulate their behaviour and are psychologically empowered and self-realising.' However, the writers suggest that, circumstances, opportunities and capacity may affect the extent to which these characteristics are present in individuals with a disability. (Wehmeyer and Field 2007)

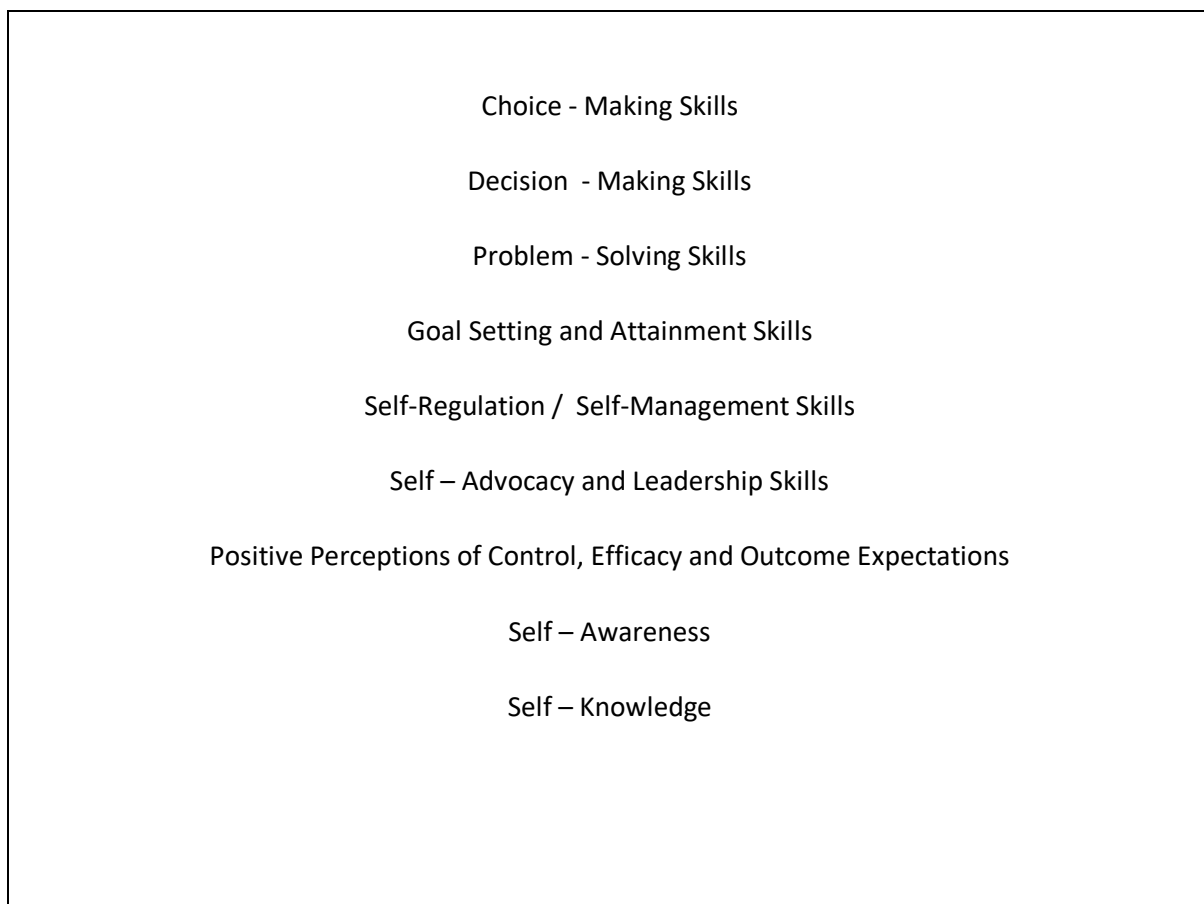


Fig 3 Components of Self – Determined Behaviour. Wehmeyer and Field (2007)

2.9.1 Self Determination Theory

Ryan and Deci (2000, p. 68) describe self-determination theory as 'an investigation of people's inherent growth tendencies and innate psychological needs that are the basis for self-motivation and personality integration, as well as for the conditions that foster those positive

processes'. According to Ryan and Deci (2000) at their best, people strive to learn, extend themselves, master new skills and apply their talents responsibly. However, the writers also suggest that the human spirit can deflate and individuals can sometimes reject growth and responsibility. Ryan and Deci (2000) suggest there are various reasons for why people's human nature is active or passive and why people are indolent (slow to progress) or constructive. As such, research guided by self-determination theory has both theoretical and practical significance. SDT contributes to the knowledge of the causes of human behaviour and therefore can underpin the design of social environments that will optimise well-being and performance (Ryan and Deci 2000). Price and Mulligan (2002) suggest that there is no universal definition of self-determination theory; however, they contend that the construct can be viewed from a perspective that stresses the internal attributes of each individual.

The principles of SDT (Ryan and Deci 1985) have clear links to self-advocacy and self-regulation. As self-advocacy and self-regulation are ingredients required for self-determined behaviour. SDT explains how motivators, both intrinsic and extrinsic affect behaviour in relation to three psychological needs (Ryan and Deci 2002). Intrinsic motivation refers to behaviours that are performed out of interest and require no separable consequences (Ryan and Deci 1994). Intrinsically motivated behaviours represent the prototype of self-determined behaviours, in that they are experienced as volitional and emanating from one self rather than an external influence. (Deci and Ryan 1994). In contrast to intrinsic motivation, extrinsic motivation is defined in terms of 'behaviours that are performed instrumentally to attain some separable consequence' (Deci and Ryan 1994, p. 5). The writers explain how people have three innate psychological needs: the need for competence, the need for autonomy and the need for relatedness. In self-determination theory, 'needs specify innate psychological nutriments that are essential for ongoing growth, integrity and well-being.' (Deci and Ryan 2000, p. 229). Niemiec and Ryan (2009, p. 139) explain that 'SDT maintains that when students basic psychological needs for autonomy, competence and relatedness are supported in the class room, they are more likely to internalise their motivation to learn and to be more autonomously engaged in their studies'. The writers also suggest that in addition to autonomy and competence SDT predicates that satisfaction of the need for relatedness facilitates the process of internalization. Ryan and Deci (2000) contend

that when these needs are satisfied it leads to enhanced self-motivation and mental health. On the other hand, when these needs neglected, this can result in diminished motivation and well-being. However, amotivation stands in contrast to intrinsic and extrinsic motivation, as it is indicative of the lack of both types of motivation; and as such, would indicate a lack of self-determined behaviour (Deci and Ryan 2000). The results of a study conducted by Ariani (2017) found that motivation helps to reduce student's anxiety; however, the writer also found that students who are more extrinsically motivated are more likely to experience anxiety. However, Niemic and Ryan (2009) contend that internalization of extrinsic motivation is essential for student's self-initiation and maintained volition for educational activities that are not interesting or enjoyable to the student.

The diagram below represents a continuum from non-determined behaviour to self-determined behaviour. To the far left of the diagram locus of causality represents the attribution or the cause of that behaviour. The local of causality may be internal or external. Deci and Ryan (2002). With regard to extrinsic motivation, the diagram illustrates a spectrum of regulated behaviours. According to research by Deci and Ryan (2002) people who are intrinsically motivated have more interest and confidence, which in turn can be manifested in enhanced performance and persistence, self-esteem and general well-being.

Behaviour	Nonself-determined					Self-determined
Type of Motivation	Amotivation	Extrinsic Motivation				Intrinsic Motivation
Type of Regulation	Non-regulation	External Regulation	Introjected Regulation	Identified Regulation	Integrated Regulation	Intrinsic Regulation
Locus of Causality	Impersonal	External	Somewhat External	Somewhat Internal	Internal	Internal

Fig 4 Determinants of Motivation. Ryan and Deci (2000)

2.9.2 Fostering Self Determination in Students with Anxiety

Self-determination theory is also concerned with environmental factors that can undermine self-motivation, social functioning and well-being (Ryan and Deci 2000). Sheldon (2012) contends that intrinsic motivations will emerge automatically, once the environments support them however, controlling environments can undermine them. Connell and Welborn (1991, cited in Paris and Paris 2001), found that student engagement depends on the extent to which student's needs for autonomy, competence and relatedness are satisfied.

To support autonomy in the classroom, Kusurkar et al (2011) recommend teachers give emotional support and encourage active participation, identify and nurture what students need and want, make lessons relevant, provide structured guidance on topics in an autonomy supportive way, give positive supportive feedback, give students choices and accept negative feedback from students. Do not use non-autonomy supportive language such as 'You should' or 'you have to' Kusurkar et al (2011). 'Do this or else', can have the effect of backing an anxious student into a corner' (Minanan and Shultz 2014 p.48).

To support competency needs, Deci and Ryan (1994) explain that providing supportive and helpful feedback, which instils a feeling of competence during an action can enhance intrinsic motivation for that action. To support relatedness, help students to feel connected (Minahan and Shultz 2014).

2.10. Classroom Management for Students with Anxiety

'With all of our students, we have an obligation not only to recognize their struggles but also to identify ways in which we can help them transform struggle into accomplishment, disappointment into satisfaction, and presence into participation'

(Holley A. Belch 2000 pg. 73)

Reece and Walker (2006) describe classroom management as managing the classroom situation to ensure that an atmosphere is created where the most effective learning can takes

place, for all students. Research suggests that early interventions on the first day of class and the interaction between teacher and student can pave the way and influence student's expectations for the entire course. The work of Olney and Brockelman (2010 as found in Paris and Paris 2001), contends that the social environment and peer support is crucial in making educational establishments enabling or disabling. Minahan and Schultz (2014 p.49) suggest that effective teachers are 'experts at zeroing in on students who seem upset, then de – escalate their worries with gentle suggestions and words of encouragement.' Thompson (2007) found in Goodman (2018) suggests that communication between student and teacher when reviewing the course syllabus helps to create a shared sense of classroom culture that can influence future discussions and participation. This should include actions to take should a mental health issue arise. Students should leave the classroom with an understanding of what to expect and how they can address any mental issues that arise (Smith and Applegate 2018). Teaching strategies that enhance student control, help students anticipate and prepare for what might be difficult in college (Smith and Applegate 2018).

Savini (2017 p.5) comments on the difficulties of large class sizes. However she also suggests that teachers can acknowledge mental health by being open to what she refers to as 'live encounters' and that teachers should ditch the rules that do not enhance learning, by responding to students with flexibility and care and by being informed of how mental illness affects learning and behaviour.

2.11 Universal Design for Learning

The researcher felt it would be prudent to mention Universal Design for Learning (UDL) as AHEAD (2020) advocates the implementation of UDL to ensure inclusiveness for all students in third level education. In general terms, pedagogy is the science of teaching and learning. Harbour et al (2009) refer to it as the educational methods that skilled educators use to impart knowledge and learning is the measure of their success. UDL, is based in findings from neuroscience and embeds accessible pedagogy into three areas of teaching; multiple means of representation, multiple means of expressing knowledge and multiple means of engaging in learning (Harbour et al 2009). When used to guide syllabus development the principles of UDL aims to remove barriers to learning and provide flexibility for all students (Kennett and Wilson 2019). As such, the researcher includes a table below, which incorporates the findings from the self - advocacy, self-regulation and self - determination

literature and the UDL practice guidelines (AHEAD 2020). The table also includes recommendations from Savani (2016) as she specifically looked at interventions to promote mental health well – being in the classroom that would be inclusive of all students.

Multiple means of representation	Multiple means of expression	Multiple means of engagement
<p>Class begins with an outline, topics for the day.</p> <p>Express course content in multiple ways – lecture, worksheet, video and formats – visual / verbal.</p> <p>Make connections between concepts, summarise key Points, this provides options for comprehension.</p> <p>Chunk information into smaller elements, remove the options for distractions</p> <p>Make course content relevant.</p> <p>Assign a test book on mental health.</p> <p>Check in with students who have missed multiple classes.</p>	<p>Provide clear guidelines and rubrics for assignments/ activities. Aid executive functioning skills (ability to act skilfully)</p> <p>Build fluencies with graduated levels of support for practice and performance.</p> <p>Guide appropriate goal setting - scaffolding targets.</p> <p>Provide tasks that allow for active participation, exploration.</p> <p>Enhance capacity for monitoring progress – ask questions to guide self-monitoring.</p> <p>Assign ungraded in class writing that asks students to think through problems related to course content and to assess what they do and do not understand.</p>	<p>Cut back on the time you spend lecturing and integrate more group work to your courses to create community.</p> <p>Facilitate coping skills.</p> <p>Provide expectations and beliefs that optimise motivation.</p> <p>Develop reflection skills.</p> <p>Give informative feedback to instil confidence and enhance feelings of competence.</p> <p>Provide opportunities for Self-assessment and reflection.</p> <p>Provide options for sustaining effort and persistence.</p> <p>Meaningful authentic assignments – demonstrate relevance.</p>

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Table 1: Practical examples of the application of Universal Design for Learning for students presenting with anxiety.

2.12. Supports for lecturing staff

The work of Matthews (2009) contends there is ample evidence to confirm that teaching and learning practices can be a key barrier to students learning once they arrive at university. One of the barriers can be a lack of knowledge regarding the student's disability. Matthews (2009) contends that academic staff frequently cite the inability to detect if a student has a 'hidden' impairment and that they may not be aware of the presence of a disability.

As mentioned previously under section on stigma this can be fraught with various reasons for lack of disclosure. Matthews (2009, p. 237) concludes research by suggesting that 'there is a need for clear, accessible and comprehensive information about the responsibilities and resources available for staff undertaking critical front line teaching, support and referral roles'

2.13. Conclusion

To include, the purpose of this chapter was to inform the reader of the current situation of mental health and the implications of this disability for students in higher education. The chapter presented the challenges encountered by students in third level education. The chapter identifies skill deficits in students with a mental health disability such as self-advocacy, self-regulation and self –determination. This includes recommendations from literature as to how teaching staff can prune and shape these skill deficits. The last section of this chapter includes a section on Universal Design for Learning, as currently this is the main pedagogical framework recommended for students with disabilities (AHEAD 2020). Chapter three follows next and will present the research methodology applied to this study.

3 CHAPTER THREE RESEARCH METHODOLOGY.

3.1 Introduction

‘Research is a process of steps used to collect and analyse information to increase our understanding of a topic or an issue’ (Creswell 2014 p. 17).

Blaxter, Hughes and Tight (2006) contend that there is a wide variety of methods available for designing, conducting and analysing research and as such, the researcher should consider different approaches, as each approach will provide the researcher with different forms of knowledge and data. This section will explain and justify the research methodology applied to this study. This will include the research philosophy, objectives, approaches to research, data collection methods, analysis and finally ethics and limitations of the study.

3.2 Research Objectives

Creswell (2014) highlights the benefits of research by educators; and how research adds to the knowledge base, addresses areas of concern and suggests improvement for practice. The purpose of this dissertation is to add to the knowledge base surrounding mental health and the implications this has on learning.

The research question will be answered through an investigation of the following four sub objectives:

1. To establish a context for mental health in higher education.
2. To identify if stigma is a barrier to learning for students with anxiety
3. To identify the skills deficit in students with a generalised anxiety disorder
4. To investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

3.3 Approaches to Research

The latest reiteration of the research onion by Saunders, Lewis and Thornhill (2018) illustrates the stages involved in research work. The model provides a progression, through which a research methodology can progress. The writers contend that researchers should not only ‘peel back’ the layers of the onion but are also required to justify choices made. The

researcher applied the recommendations of Saunders et al (2018) figure 3.2 and others such as Creswell (2014), Silverman (2013) to progress through the various stages of the research methodology.

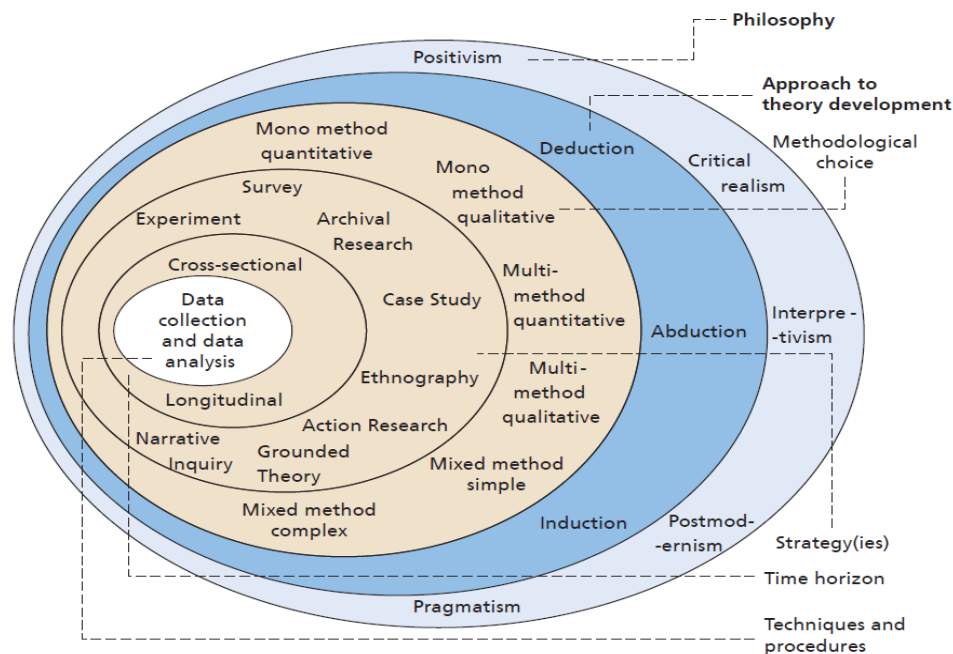


Fig 5 The Research Onion (Mark Saunders, Philip Lewis and Adrian Thornhill 2018)

3.4 Research Philosophy

In educational research, the word paradigm is used to describe the researcher's worldview. According to Kivunja and Kuyini (2017), this worldview represents the perspective or shared set of beliefs that informs the meaning or interpretation of research data. Cohen, Mannion and Morrison (2011) refer to it as shared belief system or set of principles. The researcher's paradigm influences their philosophical approach.

'The term research philosophy refers to a system of beliefs and assumptions about how knowledge is developed (Saunders 2008).

The outer layer of the Saunders et al (2018) research onion illustrates different philosophical approaches to research. According to Burrell and Morgan (2016) found in Saunders et al (2018) researchers are constantly making assumptions, which in themselves influence the

researchers approach to the design and interpretation of data. Saunders et al (2018) refer to these assumptions as ontological (the nature of reality or being) epistemological (what constitutes acceptable knowledge) and axiological the roles of values). Creswell, Hanson & Clark (2007) and Denzin and Lincoln (2011) include methodology, the strategies and methods used to gather information. In this case, the researcher aligns with an interpretivist and pragmatic philosophy. The goal of interpretative research is to try to understand the interpretations of individuals about the social phenomena with which they interact. Interpretative methodology requires that 'social phenomena can be understood through the eyes of the participant rather than the researcher' (Cohen et al 2007, p. 21). According to Ritchie et al (2003 p. 7) 'those who practice qualitative research have tended to place emphasis and value on human and interpretive aspects of knowing about the social world; and the significance of the investigators own interpretations of the phenomenon being studied.'

The table 3.4 below is adapted from Saunders et al (2018) comparison of 'five philosophical positions in business and management,' and illustrates how interpretivism and pragmatism fit within the ontological, epistemological and axiological assumptions or the researchers paradigm.

Interpretivism			
Ontology Assumptions (Nature of reality or being)	Epistemology Assumptions (What constitutes acceptable knowledge)	Axiology Assumptions (Role of Values)	Typical methods
Complex and rich with multiple meanings, interpretations and realities, processes, experiences and practices.	Focuses on narratives, stories, perceptions and interpretations. New understandings and worldviews as contributions	Value – bound research. Researchers are part of what is researched, subjective.	Inductive, in-depth investigations, qualitative methods of analysis, but a

		Researcher interpretation key to contribution. Researcher reflexive	range of data can be interpreted
Pragmatism			
Complex, rich, external reality is the practical consequences of ideas, experiences and practices.	Practical meaning of knowledge in specific contexts. True theories and knowledge are those that enable successful action. Focuses on problems, practices and relevance.	Value driven research Research initiated and sustained by researchers doubts and beliefs Researcher reflexive	Follows research problem and research question Mixed range of methods: can include qualitative, quantitative, action research Emphasis on practical solutions and outcomes.

Table 2. Interpretivism and Pragmatism Philosophy and Assumptions. Adapted from a comparison of five philosophical positions in business and management Saunders et al (2018)

According to Saunders et al (2018), a set of assumptions that are well considered will constitute a credible research philosophy and will underpin the research strategy, data collection techniques and analysis procedures. The researcher is very much reflexive and has considered in detail her paradigm and philosophy.

3.5 Research Approach

According to Gabriel (2013), the difference between inductive and deductive approaches to research is that a deductive approach is aimed at testing theory while an inductive approach is aimed at the generation of new theory emerging from the data. As an interpretivist and pragmatist, the researcher applied an inductive approach to analysing the data.

3.6 Methodological Choice

Saunders *et al* (2018) contend the first methodical choice is whether to adopt a quantitative, qualitative or mixed methods research design. The researcher applied the mono method of qualitative research as a single method of collecting data through interviews. The mono method of qualitative research is associated with an interpretative philosophy, while a pragmatist can use a mixed range of methods. However, for the purpose of this research the mono method was sufficient.

3.7 Research Strategy

Saunders *et al* (2018), Creswell *et al* (2007) inform us that there is a variety of research strategies. Qualitative research strategies can consist of interviews, focus groups, and observation. In line with the researcher's interpretivist and pragmatic philosophy, qualitative research was conducted through in-depth, semi-structured interviews with eight lecturers in Griffith College Dublin.

3.7.1 Qualitative Interviews

Patton (2002) describes an interview as open-ended questions and probes, which yield in depth responses about people's experiences, opinions, perceptions and knowledge.

According to Bell (2011), the advantage of the interview is adaptability, which allows the researcher to probe responses, investigate the topic further, assess body language, all the things that a questionnaire cannot do. Patton (2002) contends that qualitative researchers often consider their own personal stories as spaces for further exploration. During the interviews, respondents gave examples of their own personal stories and experiences when teaching students with an anxiety disorder.

3.8 Time Horizon

Cross sectional research

The research process for this dissertation commenced in October 2019. The primary research consisting of in-depth interviews which took place over a three-week period in March and April 2020. These involved eight participants, each interview took approximately one hour and 20 minutes to complete. This study is time bound and must be completed within the

academic year and as such would not allow sufficient time for a longitudinal study. (Saunders *et al* 2018)

3. 9 Data Collection

Data was gathered through in-depth interviews. Two interviews were conducted face to face. While six took place on zoom. This was due to Covid 19 restrictions. Eight part time lecturers in total were interviewed. The researcher deliberately chose to interview part time lecturers as they represent the majority (75%) of lecturers in the business faculty in Griffith College Dublin. This consisted of four males and four females. The interview guide consisted of ten questions with sub components. The questions related to the main themes of the literature review, which stemmed from the research objectives. The researcher did not stick rigorously to the guide as interviewees often answered multiple questions in the context of answering the initial question posed. Rapley (2004) suggests that interviewers do not have to ask the same question in the same way in each interaction and that one can cover the same broad themes in different interviews. As the interviews progressed, the researcher reflected on data collected. Rapley (2004) contends that list of questions may 'mutate' in relation to the person being interviewed. Tracey (2012) refers to this as the data immersion phase, whereby the researcher submerges themselves in the data. Patton (2013) refers to emergent design flexibility described as an openness to adapting enquiry as our understanding develops and situations change. During the immersion phase, the researcher considered the data before adapting questions to elicit a more informed and clearer response from the next interviewee. Tracey (2012) refers to the goal of immersion to think about the data, noting reflections and hunches but also reserving judgement.

3.9.1 Pilot Testing

The researcher conducted a pilot test of the interview schedule with an associate, in advance of the main interviews. The purpose of this was to identify any ambiguity and to ensure questions were clearly communicated, while removing any unnecessary elements. Following the pilot test, the researcher reviewed three of the questions and made amendments.

3.9. 2 Sampling.

Sampling was purposeful; the interviewees were selected because of their knowledge and experience and as Patton (2013) contends, with purposeful sampling, cases for study are selected, because they are information rich and illuminative and offer useful manifestations of the area of interest. This indeed was true and the in-depth interview facilitated the gathering of rich data and insight.

3.10 Limitations

The limitations of this study related to major time constraints. In addition, as with most studies, there are limitations related to the methodological choice. For example, there are concerns that qualitative research may not be as valid as quantitative research. Other limitations related to the amount of information, which emerged from the primary research. The researcher would have liked to include additional information, however as the additional information was not directly related to the research objectives, it could not be included.

3. 11 Data Analysis

As mentioned under point 3.10 data collection, the researcher reflected on the data collected after each interview and as Gardner (2010) contends, analysis should start at the beginning of interviews. Following completion of interviews, the researcher transcribed the recording. This process took approximately four hours. Technology such as NVivo is available to assist with transcription. However, given the short time frame, the researcher felt she would not have sufficient time to master this technology and as such manually transcribed each interview. The researcher also considered sourcing a professional transcriber; however, the cost of this was prohibitive. Whilst personally transcribing can seem like a mechanistic task, it is important for knowing and understanding the data and therefore is useful to do your own transcribing (Patton 2002)

Following the transcription stage, the researcher then began to identify themes. 'A theme refers to an issue, response, idea, concept, attitude, a set of behaviours or opinion that reoccurs in the data making it significant.' (Carter 2018 p. 205)

As mentioned previously, the research questions were developed in line with themes from the literature review. The next step involved coding the data. Austen and Sutton (2014) refer to coding as the process by which raw data are converted into usable data through the identification of themes, concepts, or ideas that are connected to each other. Sources of codes can be data driven where labels are derived from data by the researcher and actual terms used by participants 'in vivo' codes; and theory driven, derived from existing theory and literature 'a priori' codes. (Saunders *et al* 2018) The researcher will use a combination of both.

3.12 Validity and Reliability

According to researchers such as Saunders et al (2018) and Silverman (2001) reliability and validity are an integral part of social research as they underpin the credibility of the study. Carter (2018) advises that to ensure reliability the researcher should keep an audit trail. This audit trail should consist of evidence of consistency, accuracy, transparency and openness, throughout each stage of the research process. The researcher has kept an audit trail of all work and data was rigorously analysed to ensure as much validity and reliability as possible. The researcher endeavoured to apply this rigor throughout all sections of the dissertation. As Gabriel (2013) contends that a good methodology is about having a critical design attitude throughout the study and not just confined within a chapter called methodology.

3.13 Ethics

Ethical research involves reaching agreement about the use of data and how it will be analysed and reported (Bell 2011). The researcher applied for and received ethical approval from the ethics committee at Griffith College Dublin in December 2019. The ethics committee recommended a small number of amendments, and the researcher took note and adjusted accordingly. A participant information sheet and consent form were sent to all participants for review in advance of the interviews. According to Seale *et al* (2006) research subjects have the right to know they are being researched, that they have right to be informed of the research and they can withdraw at any time. This was communicated to all lecturers via the consent form and information sheet See Appendix 3 and 4. In order to ensure confidentiality, letters of the alphabet were allocated to participants and not participant names. The researcher aimed to provide a fair and unbiased interpretation of findings. Hammersley and

Traianou (2012) refer to five commonly recognised ethical principles as; minimising harm, respecting autonomy, protecting privacy, offering reciprocity and treating people equitably. The researcher applied these ethical principles when gathering primary data and engaging with the lecturers who took part in the study.

4. CHAPTER 4: FINDINGS, ANALYSIS AND DISCUSSION.

4.1 Introduction

This chapter will present the findings, analysis and discussion from both the secondary and primary research. Both findings and discussion are presented simultaneously. This will provide for a more logical progression and discussion of the study.

Chapter four is divided into four sections, which represent the research objectives as follows:

1. To establish a context for mental health in higher education.
2. To identify if stigma is a barrier to learning for students with anxiety
3. To identify the skills deficit in students with a generalised anxiety disorder
4. To investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

Each individual section commences with the findings from primary research. This follows with a comparison and discussion of the secondary research. The researcher acknowledges there is duplication in sections. However, due to the nature and subjectivity of this dissertation it was impossible not to have duplication. As Saunders et al (2018) suggest, when the researcher aligns with an interpretivist philosophy, complex, rich with multiple meanings, interpretations and realities, processes, experiences and practices can result.

4.2 Background information of respondents.

All lecturers who participated in the study were part time employees. All lecturers have taught on all stages and across a variety of Levels on the QQI Framework.

Respondents	No of years teaching	Gender
Lecturer A	25 - 30	Female
Lecturer B	15	Female

Lecturer C	16	Female
Lecturer D	10	Female
Lecturer E	25	Male
Lecturer F	22	Male
Lecturer G	18	Male
Lecturer H	35 - 40	Male

Table 3 Profile of Respondents

As can be seen from the table, lecturing staff have teaching experience ranging from 10 to 40 years. As such, these lecturers have had a lot of experience dealing with students across all stages of a programme. The lecturers are all part time and as mentioned in chapter three, part time lecturers represent 75% of academic staff in the business faculty. Therefore, the researcher felt this cohort were a good representative sample for this study.

4.3 Findings for Objective One

Objective one: To establish a context for mental health in higher education.

Theme 1: Context of mental health in higher education

The purpose of this section was to investigate the lecturer's awareness and understanding of mental health, in particular anxiety and the more specific generalised anxiety disorder. The researcher sought to identify how lecturers recognised the physical and psychological symptoms of anxiety and generalised anxiety disorder in learners.

4.3.1 Awareness of mental health

All respondents were generally aware of the mental health situation in Ireland and referenced media coverage, TV campaigns, celebrities, Influencers and sports people, all shining a spotlight on mental health. Respondents also mentioned Griffith College communications regarding mental health care and gave examples of personal experiences. Two respondents mentioned how times have changed and that when they were in college, those supports were

not in place, people did not talk so much about mental health. As respondent (c) said, 'You just had to get on with it'.

With regard to teaching, all eight of the respondents had experience of learners presenting with a mental health problem to a varying degree. Whilst three lecturers experienced severe cases, four respondents believed the anxiety they witnessed was mild and possibly related to general stress that students might experience at particular stages in the programme or towards the middle or end of a semester when things when the pressure might be increasing. In the majority of cases, the lecturers 'felt' something was wrong. This was evidenced by observation of withdrawal, unusually quiet, melancholy and a general state of unhappiness. Five respondents also stated that they could not categorically say that a student had an actual mental health condition such as anxiety or whether this was a situational or fleeting state, due to such things as; exam pressures, assignment pressures, end of semester pressures, award year pressures. In addition to adjusting to college life, cultural differences, and language barriers.

As one respondent says,

At times, I don't know whether it's anxiety, but there's a reluctance and that's one of the questions I'd have, is how to identify what would be described as a disorder. I would have a certain insight; I'm somebody who suffers from anxiety myself.

4.3.2 Recognition of physical signs of mental health problems

With regard to this sub theme, the most cited examples related to a student appearing disinterested, tired and agitated. However, five respondents stated that they had experienced students where there were no physical signs that anything was wrong. Three respondents mentioned up beat, seemed happy, smiling. As such, they would never have known. Two respondents mentioned appearance and grooming, with one commenting that the student appeared dishevelled and seemed to be neglecting themselves somewhat. While three respondents mentioned aggressive and argumentative behaviour. One respondent mentioned how she would have noticed the student deteriorate as time went on. Two respondents mentioned how the physical absence of the student from class, was an indicator for them that something was wrong.

4.3.3 Recognition of psychological signs of mental health problems

Regarding this sub-theme, four respondents gave examples of students, who regularly sought reassurance and appeared to lack confidence in their abilities. Two respondents mentioned worry, concern, and those students appeared to lack confidence. Two respondents commented on students crying and appearing visibly upset.

As respondent (c) commented;

I do feel that anxiety can start from the smallest thing and then as the person loses control of what that feeling of anxiety is, it starts to filter into everything that they do, like even as far from a classroom. I've noticed one student in particular. He's graduated thank God, but little things like... he would be unsure if he had the right classroom, so he would go downstairs to ask what room are we in, even though he has the timetable, none of the other students were in the classroom, you know he'd be first there, never had the confidence to think yeah, the room says 302, so I'm in 302.

Two respondents mentioned having experience of students who had to leave college because of their anxiety. As respondent (F) says; Yes, I have seen the impacts of anxiety, one or two quite serious ones over the years. One individual had to actually end his studies because of it.

4.3.4 Awareness and understanding of the condition generalised anxiety disorder

With regard to this sub - theme, three respondents had knowledge of generalised anxiety disorder. The remaining respondents had no knowledge of this condition or symptoms associated with it. With regard to the three respondents who were aware of GAD, physical symptoms related to looking sad, tired, uneasy and disorganised. Two respondents mentioned that students appeared happy and in control. With regard to the psychological signs, two respondents commented that students appeared to be overly concerned about everything. They lacked confidence and needed reassurance. Whilst one respondent mentioned no self-belief, think they are useless, constantly worrying.

As respondent (e) states, I would understand generalised anxiety disorder to be not anxious about a particular issue or experience, to have anxiety about life in general.' 'An anxiety that would be with you without any particular reason to prompt it, just an anxious feeling'

4.3.5 Disclosure and communication of a mental health condition.

The aim of primary research in this area was to establish how the respondents were made aware that a student had a mental health condition. Five respondents stated that the head of faculty or a senior member of staff alerted them to the particular student. However, the majority of respondents mentioned that the identification of students with an anxiety disorder is problematic. Two respondents felt that communication by faculty to lecturers of a student with a disability is poor. These respondents suggested that maybe it is something to do with student confidentiality or GDPR, but 'it does not help the student'. Three of the respondents mentioned that friends and peers of the student alerted them to problems. While two respondents received communications directly from parents. Three respondents mentioned that students disclosed their mental health problem directly to them.

As respondent (d) comments

In all the times that I've actually encountered it, it's always been the student coming to me themselves, typically at the end of a class. I would have recognised in a number of cases that the student was having, what I might call 'problems' or 'difficulties' with the module or with student life in general, but sometimes it came out of left field, sometimes I would not have noticed it at all and maybe another one of the students said it to me.

4.4 Discussion of objective one.

Objective one: To establish a context for mental health in higher education.

The literature review illustrated the extent of the mental health problem in Ireland (AHEAD 2019; Better Outcomes Brighter Futures 2014; Dooley and Fitzgerald 2012; Price, Smith and Kavalidou 2019). It is clear for that primary research that all respondents were very much aware of the mental health situation in Ireland and in particular amongst young people. As indicated in the primary research all respondents had experience of dealing with an anxious student.

However, not all respondents could be clear that these particular students had a serious anxiety condition, or whether it was a normal level of anxiety. This is not surprising as the literature contends anxiety is complicated and can span from mild to excessive depending on the situational context. (Matthews 2009; Minahan 2014; Getzel and Thoma 2008) The work Kitrow (2003) also contends that the identification of students with a mental health problem, can be based on a socially constructed view of what mental health problems are known to look like, which may not be the case. As such, this would indicate that identification of students with a real condition of anxiety is crucial to providing that student with help. The primary research shows how respondent's recognise the physical and psychological symptoms of anxiety, much of this was in line with the secondary research (Stock and Levine 2016; Macaskill 2012; Cannon et al., 2013; Mental Health Ireland 2019; Spunout 2019). With regard to generalized anxiety disorder, few respondents were aware of this condition, even though In Ireland, generalised anxiety disorder (GAD) is the most commonly diagnosed anxiety disorder and usually affects young adults (Mental Health Ireland 2019). However, as mentioned in the literature there are many types of anxiety disorders and GAD is just one of them. The symptoms overlap with those of other common mental disorders and the GAD disorder could be regarded as part of a spectrum of mood and related disorders rather than an independent disorder. (Tyrer and Baldwin 2006). As Stock and Levine (2016, p.10) explain 'Anxiety disorders are diagnosed 'when the worry or fear is so significant to the person that it affects her or his daily functioning, and has continued for a long period of time with the symptoms being present more days than not.' .

4.5 Findings for objective two

Objective two: To identify if stigma is a barrier to learning for students with anxiety.

Theme 2: to identify if stigma is a barrier to learning for students with anxiety.

The purpose of the questioning here was to identify if respondents had experience of stigma from both (i) the students perspective where it prevented them from seeking help or disclosing their illness and (ii) from the perspective of lecturing staff and academics.

4.5.1 Stigma inhibiting students from seeking help

Very few of the respondents had experienced stigma as a barrier to student accessing help. Five of the respondents felt that there was an openness and acceptance of mental health problems. Two respondents mentioned how other students had rallied around and helped

the student who was in difficulty. An interesting finding from the research came from a comment made by one respondent in particular who commented on how students seemed to have 'used their mental health problem as a way to get whatever accommodations they need'. This respondent felt that some students displayed a sense of entitlement and were very good at self-advocating and getting what they needed, so much so, that they would 'challenge assessments and exam results'. Three respondents commented on how they would be careful not to draw attention to the particular student who was anxious, as they feared the student might have felt 'singled out', so in their cases, they had to approach the matter sensitively.

Respondent (g) comments;

Yes, I suppose when a student has come to inform me of their issue, and I don't know whether this would be on the route of a stigma, but to a certain extent, they don't want to be treated differently. They don't want to be treated separately but they just want you to know in terms of accommodating them.

Two respondents commented on labelling a student as anxious. Respondents in this case felt anxiety was normal and to be expected with exams and other college stressors such as assignment deadlines.

As respondent (c) comments:

We in today's society are very quick to label somebody. I think that shifts the complete mind-set of somebody and I think to say that somebody has a form of severe anxiety is probably not the right thing in my opinion to do. I think anxiety is just a feeling, it's not real, the feeling will go, you can suffer from a condition, but I think the key is that people understand that it's okay to feel like that and that your emotions can be overcome.

4.5.2: Stigma emanating from faculty

Few respondents experienced stigma emanating directly from academic staff. However, respondent (b) mentioned that they could understand, how this could be a possible concern and supported this by saying, how some colleges might like to be perceived as very academic.

Two respondents mentioned having experiences of colleagues who were intolerant of mental health problems and the condition being used as an excuse for poor performance. A belief appeared to be upheld, that the student was lazy and using stress as an excuse. Both respondents stated they experienced colleagues who were dismissive of mental health concerns.

4.6 Discussion of objective two

Objective two: To identify if stigma is a barrier to learning for students with anxiety.

The literature indicates that stigma associated with mental health is a problem (Collins and Mobray, 2005; Getzel and Thoma, 2008; MacGabhan et al, 2010; Dooley and Fitzgerald, 2012). However, this was not entirely evident from the primary research. This could be due to the fact, that a number of the studies are quite old and whilst indicated serious concerns at the time, this may not be entirely the case today. More recent research and general communications regarding mental health awareness, appears to have had the effect of destigmatising mental health and has made it much more acceptable. For example, recent government initiatives such as 'Your Mental Health' and more recently 'Mind Your Mental Health' during the coronavirus outbreak, have all helped to normalise mental health concerns (Health Service Executive 2020; Mental Health Ireland 2020; Mental Health Reform 2020; Spun Out 2020).

Casa (2014) and Matthews (2009) highlight the issue of self-stigma, whereby students with mental health issues internalise negative attitudes upheld and expressed by society and as such can feel stigmatised and will not seek help. Findings from the primary research indicated that some respondents would agree with this view, expressing how it was wrong to label students and that describing a student as having an anxious condition, could be like a self-fulfilling prophecy. Students do not disclose for fear of being labelled (Matthews 2009). A study by Kendall (2016) indicated that not all students identified with being disabled (disability is considered physical not mental) and for some there was a reluctance to disclose a disability due to perceived associated stigma. The primary research indicated the most respondents took great care with those students who appeared to be particularly anxious, through encouragement, general kindness and just helping the student to calm down. This would be in line with Vanderlind (2017) who contends that teachers can help students manage internalized stigma and deal with specific mental health issues through self-

regulation. On the other hand, some respondents expressed concern, regarding approaching a student, or suggesting that a student might have an anxiety condition in case they were wrong and the student took offence. This would support the work of Matthews (2009) who draws attention to anxiety faced by teaching staff, particularly when attempting to help students who do not disclose mental health issues. However, on the other hand, a number of respondents commented that they did not experience this as an issue with students and perhaps this might be related to what Matthews (2009) refers to these students as the invisible student. With regard to stigma emanating from faculty, there was little evidence of this in the primary research, however it was noted that there is a possibility that this could happen, with respondents citing experience of associates who appeared to be indifferent to mental health concerns. In section of this study the area of supports for lecturers is discussed As Belch (2002) contend stigma emanating from faculty was thought to be based on a lack of awareness and training.

4.7 Findings for objective three

Objective three: To identify the skills deficit in students with a generalised anxiety disorder

The literature was the main source of identifying skill deficits in students with a generalised anxiety disorder. The literature gathered underpinned research objective four, which is to identify a possible pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder. For self-advocacy, the researcher used Test et al (2005) conceptual framework of self- advocacy. With regard to self-regulated learning, the component parts of the cyclical phase model adapted from Zimmerman and Moylan (2009) underpinned self-regulated learning questions. Finally, the work of (Wehmeyr and Field 2007; Getzel and Thoma, 2008) underpinned self-determination. The work of (Ryan and Deci, 2000; Ryan and Niemiec, 2009) underpinned research on self-determination theory.

4.7.1 Self-advocacy

Three respondents confirmed that students did not appear to be in a position to advocate for themselves. In three cases, students did not really understand their illness or what was happening to them. Three respondents mentioned that they personally intervened and made representations on behalf of the students, by alerting senior faculty members. Two

respondents did not agree that self-advocacy was problematic for anxious students as they had experience of anxious students who were very good self-advocates.

4.7.2 Self-regulation

Four respondents confirmed that they would have experienced problems with self-regulation of anxious students; however, three mentioned their condition would have hindered their attempts at self-regulation. One respondent mentioned that it is difficult to regulate yourself, if you cannot sleep or are not eating properly.

4.7.3 Self-determination

Three respondents mentioned that they would not have seen self-determination as problem with their students. Respondents mentioned, in their experience students were very self – determined and would not have appeared to have any problems with intrinsic motivation.

4.8 Findings for objective four

Objective four: To investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

Theme 4: Possible pedagogical approaches that might foster skill deficits in students with a generalised anxiety disorder.

The purpose of objective four is to investigate how lecturers might foster skill sets of self-advocacy, self-regulation and self-determination.

4.8.1 Self-advocacy

Self-advocacy refers to the ability of the student to speak up and represent themselves. All respondents confirmed they have encouraged self-advocacy in students. All eight respondents mentioned how they would encourage students to ask questions or to say if they did not understand something. Three respondents mentioned how they would ask students to let them know if something is unclear. However, four respondents mentioned that nervous or anxious students would often say that ‘everything is okay’, so as not to draw attention to themselves, even though they may not be okay. One respondent commented ‘I have said things like, ‘only intelligent people ask questions’, so in other words, don’t be afraid

to ask questions. Four respondents mentioned international students and how a different cultural upbringing, might deter students from self-advocating or speaking up.

4.8.2 Knowledge of Self and Rights

Knowledge of self and knowledge of rights are components of self-advocacy. The purpose of questioning here was to identify if and how respondents encouraged students to become better self-advocators through greater self-awareness. Five respondents mentioned how they would encourage students to think about how they learn best. Three respondents mentioned how they would talk about studying and how what works for one individual may not work for another. They mentioned how they have told students that some people work better in the morning and others at night. Stating that the student was encouraged to identify what works best for them. Three respondents mentioned how they would tell students that people have different learning styles and it would be good for students to know their own learning style.

With regard to the second part of this theme, knowledge of rights, four respondents mentioned that they did not know what accommodations students with anxiety were entitled to and as such would not inform the student. Four respondents stated that they did not look on it as their role to tell the student what they were entitled to and this information normally came from the learning supports departments or from senior year heads or programme directors.

4.8.3 Communication

In this section, respondents were asked how they foster communication skills in students with anxiety. Subcomponents of communication skills include assertiveness, articulation, persuasion and compromise.

Three respondents gave examples of including a peer presentation component in assignments. Two respondents commented on how they would endeavour to ensure that students were comfortable with this aspect; and if the student indicated discomfort, they would let the student present privately. As respondent (c) says 'I just don't feel putting somebody in that vulnerable position is going to help them, I think it's going to make them worse'. All eight respondents agreed that they would actively encourage communications

with all students and not just the student with anxiety. Two respondents mentioned how they would try to make the students feel comfortable enough to ask questions and to ensure the student did not feel embarrassed.

As respondent (f) says:

When I have students for the first time, I say that my job is to curate knowledge and present it to you and I hope that I have some little bit of expertise in teaching.' 'But quite a lot of times you'll ask me a question and the answer will be 'I don't know' and you have to accept that. I am not some maestro on a pedestal.

Three respondents mentioned that communication skills are included in modules such as Professional Development and Effective Learning and Development, but felt that elements of these modules should be included across all modules. Two respondents identified how they would encourage students to actively listen, so they can make sense of the conversation and relate it to their own experience - for example, students in hospitality encouraged to relate theory to their own work situation. Three respondents commented on negotiation skills, problem solving and how industry today is full of problems. Problem solving skills are taught through management topics where a framework such as SWOT (strengths, weaknesses, opportunities and threats) would be applied. Another respondent mentioned how the hospitality industry is full of problems. As Respondent (d) says; 'In any restaurant, if anyone is new, there's always going to be things like confusion, conflict, uncertainty and all that and you have to respond and you have to respond really quick and think on your feet.'

However, two respondents mentioned that anxiety prone students 'cannot' make decisions

4.8.4 Leadership

With regard to this last sub – theme four respondents mentioned how group assignments would incorporate teamwork. While four respondents mentioned tutorials, in which students were divided into groups to problem solve or work on a particular topic.

4.9 Discussion of Self-Advocacy.

The primary research indicated that overall respondents understood the concept of self – advocacy and as such, could see how this might present a problem for students with anxiety, given that a requirement for self-advocating is the ability to speak up and represent one- self.

With regard to fostering self-advocacy in students, primary research indicates that respondents apply a range of approaches to facilitate self-advocacy. In particular regarding knowledge of self, where primary research indicates respondents provide opportunities for students to develop skill sets of communication, through presentations and group work. In addition to where students are encouraged to 'not be afraid to ask questions.' Primary research also shows how respondents encourage students to be aware of their own learning style and to understand how and when they work best. This aligns with the work of Test et al (2005) where communication as a component of self – advocacy is learning how to communicate information effectively with others through negotiation, assertiveness and being able to problem solve in both individual and group situations, are all critical to self-advocacy. This would also feed into help seeking, which relies on other people, and is based on social relationships and interpersonal skills (Rickwood et al 2005).

With regard to knowledge of rights, primary research reveals that few respondents are aware of supports and accommodations available to students with an anxiety disorder. It is not a requirement for non-permanent or part time staff to alert students to supports available to them and as such this was not surprising. However, as teaching staff are on the front line it would be good if they could give direction to students with anxiety, as the literature contends, knowledge of self and knowledge of rights are viewed as foundations of self – advocacy, because it is necessary for students to understand and know themselves before they can tell others what they want. (Test et al 2005). Regarding the component of leadership, primary research indicates that students enhance leadership skills through group work. This would be in line with Test et al (2005) team dynamics and roles subcomponent of leadership.

4.10 Findings for Self-regulation and self-regulated learning

The work of Minahan and Schulz (2014) and Zimmerman (1990, 2002) underpinned the research questions regarding self-regulation and self-regulated learning. The primary research reveals efforts made by respondents to facilitate self-regulation and self-regulated learning. Six respondents commented on how they would explain to students the importance of staying on top of their workload and not to get behind. Four respondents mentioned the importance of planning and how they would advise students to develop a study plan. Three respondents commented on the use and value of reflective journals. As respondent (d)

comments: 'Reflective journals are part of the assignment, students have to reflect on their own progress and determine what's important and what they feel is defeating them.'

Three respondents mentioned that weekly tutorials presented an opportunity for them to monitor students' progress and in turn, they could identify if an anxious student was in trouble. Three respondents mentioned continuous assessment as a way to monitor progress. While one respondents added, 'that assessing student on continuous basis and giving regular feedback would help self - regulation.' As respondent (b) commented; 'In US college's students submit pieces of coursework and get feedback, there is continuous feedback, the student knows where they stand on a weekly basis, but we can't give that kind of feedback here' .

With regard to initiation, five respondents mentioned that they always encounter students who find it difficult 'to get going', irrespective of whether they are anxious or not. While four respondents commented on how they have actively helped the anxious student to get started. For example, respondent (g) commented; ' I would take the pen from the student and start to write on their writing pad, explaining as I write and then I would ask, are you okay now, do you think you might be able to take it from here'.

Primary research presented under objective one, also shows how respondents have facilitated self-regulation.

4.10.1 Discussion of self-regulation and self-regulated learning.

The primary research demonstrates how respondents facilitate self-regulation and self-regulated learning. With regard to the cyclical phase model of Zimmerman and Moylan (2009) there is evidence to suggest that respondents do assist with self-regulated learning, for example, at the forethought phase encouraging students to get started, encouraging goal setting. With regard to the performance stage of the model, primary research indicates how students are encouraged to persevere and to ask for help if they need it. Two respondents mentioned how they would take time explaining to students, how to tackle an assignment and how they would break it down. This is in line with Minahans (2014) recommendation of chunking assignments. With regard to the self-reflection phase, respondents mentioned the

use of reflective journals. The self-reflection phase of the model is important, as it is here students attribute causes to their success or failure (Zimmerman 2002). This stage could be a real 'red flag' for students with generalised anxiety disorder, as students with this condition are known to worry excessively (AHEAD 2020; Minahan, 2014; HSE 2019). Secondary research shows how effective learners are good self-regulators (TEAL 2010). However, on the other hand, learners with anxiety often struggle with the components of self-regulated learning (Minahan and Shultz 2014).

An important factor in the success of the cyclical phase model is the motivation of the student. As Panadero (2017) contends, different motivational beliefs will energise the process and influence the initiation of learning. This leads to the next section on self-determination theory. Self-determination theory looks at the impact of motivation on students on attempts at learning

4.11 Findings for Self-determination and Self - determination theory

The final theme related to skill deficits in students with anxiety, relates to the area of self-determination. The previous two skill sets of self-advocacy skills and self-regulation skills are both components of and related to this next section on self-determination. The purpose of the questions in this section was to investigate how respondents, facilitated development of the component skills of self-determination

Almost all respondents demonstrated a very caring attitude to their students overall. All respondents gave examples of how they would genuinely try to help students. Five respondents commented on the importance of instilling confidence in students, in particular those with anxiety.

As respondent (J) comments: I would very much be a 'we' kind of person. I would say 'We'll get through this', 'We'll be fine' 'We can do this', rather than 'You' will be okay or fine or whatever.

As respondent (f) comments;

The highest dropout rates are in first year, I teach a module financial accounting that a lot of people struggle with. With the best will in the world, they struggle to get their heads around it, and unfortunately, it causes people to think of dropping out. One

respondent mentioned giving praise to the nervous student. How she would always try to find something positive to say. 'I think they become more confident in themselves when they sit down and say I can do this, and my friends, my classmates are doing it, my lecturer thinks I can do this and therefore maybe I can do it. I think that helps them'.

For those students who struggle with motivation, respondent (J) commented

I would say to them, this is the bare minimum you need, just do this and just get yourself over the line. I'm here until the exam, send me emails and I'll get back to you, but just get through and then you're free, you don't ever have to do this again. That probably sounds a bit minimalist but it doesn't really deal with any personal issues they might have like anxiety, it's simply saying get through, don't let this one pull you down.

Another respondent commented 'I warn students when things are going to get a bit more difficult and saying things like, we're going to get through this together. Rather than saying that we expect them to understand things like depreciation like as if any 'fool' could understand this. Respondents felt this helped to motivate the students. One respondent in particular mentioned how her own negative experiences as a student in third level influenced her approach to teaching, referring back to teachers who positively influenced and motivated her when she was a student.

The work of Wehmeyer and Field (2007) identify a range of skill, which contribute to self-determined behaviour (table 2.9). Some of these skills relate to decision-making, problem solving, choice making, and positive perceptions of control. The primary research indicates that respondents foster these skills in different ways, for example, when respondents mentioned, how they would help the student to break down a task, to solve a problem, or to look at alternative, to find solutions. However, choice making can be problematic for a student with an anxiety disorder as they are unable to choose or cannot make up their mind about something. (Getzel and Thoma, 2008; Minanhan, 2014). Often choice can cause problems as indicated in the primary research where respondent (d) mentioned that 'choice can be the worst thing in the world'.

4.12 Classroom management

The purpose of this section was to understand how respondents approached module delivery and in particular, (i) how they organised instruction and (ii) provisions they have made for students with anxiety. The researcher concludes this section by asking if respondents believe their particular approach improved the learning environment for students with anxiety.

Four respondents mentioned how they would take a lot of time planning their module delivery and would be conscious of all learners and not just the student with anxiety. One respondent mentioned courses undertaken, such as, the Special Purpose award in Training and Education and the MA in Training and Education. This respondent mentioned how knowledge of inclusion and Universal Design for Learning influenced her approach to instruction design and classroom management. On the other hand, one respondent mentioned how he might only plan for 75% of the class and leave the remaining free time for whatever else comes up. Primary research found that the majority of respondents would be conscious of speaking too quickly especially with students whose English is not their first language. Five respondents mentioned that they would never put the student 'on a spot' or 'call them out' and where the respondent was made aware of a particular student, they would try to provide more help but as inconspicuously as possible.

Other respondents mentioned how it can be difficult to find a pace that suits all students.

As respondent (d) comments

With one student who I knew was struggling, I'd go into the assignment straight away would spend an hour tutorial breaking it down and others are nodding, as if to say move on... but I'm really doing this without making it obvious that I'm focusing on that one student that I know is struggling.

Primary research showed that one respondents adopts an authoritative approach to teaching but would also be quiet relaxed and would allow students to take breaks every 20 minutes. Three respondents mentioned that they would be quiet firm with classroom management; and this was mainly to keep control of the class and to prevent students chatting away amongst themselves, or arriving late / leaving early etc.

With regard to the final question in this section, as to whether respondents believe, their particular approach improved the learning environment for students with anxiety.

Three respondents mentioned formal student evaluations and feedback, which was always very high and positive. Four respondents mentioned how students would thank them and pay them a positive compliment. The majority of respondents expressed 'hope; that they had made a difference. Two respondents commented that, they would be 'sceptical about providing too much help' and made reference to 'drawing too much attention to a student' and not 'preparing them for the real world'. What was interesting to note came from three respondents who gave examples of how they saw definite improvements in students, when they specifically intervened to help a student with anxiety. Examples here related to consciously monitoring the anxious student and supporting their transition from first year to completion of their studies. Other examples related to supporting students through their anxious period, by offering reassurance and helping to re-focus the student. Respondents mentioned 'breathing a sigh of relief ', when the student got through.

4.12. 1 Discussion of classroom management

Minahan and Schultz (2014 p.49) suggest that effective teachers are 'experts at zeroing in on students who seem upset, then de – escalate their worries with gentle suggestions and words of encouragement.' The primary research reveals that many of the respondents would 'zone it' on students who are struggling. The work of Olney and Brockelman (2010 as found in Paris and Paris 2001), contends that the social environment and peer support is crucial in making educational establishments enabling or disabling. Previous findings 4.3 and 4.2 self-advocacy and self-regulation would support this. Teaching strategies that enhance student control, help students anticipate and prepare for what might be difficult in college (Smith and Applegate 2018).

4.13 Supports for lecturing staff.

The final section of this primary research concluded by asking respondents if there are any supports / specific training they felt would help them improve the learning environment for students with an anxiety disorder. The majority of respondents commented that they would welcome guidance on the matter. Other respondents commented that their workload currently would not enable them to provide any additional care for students with anxiety.

Respondents mentioned they are not counsellors. More information can be found in appendix 4.

4.13 Other points for discussion

The researcher is conscious that the literature review has mainly focused on the benefits of support for students with an anxiety condition. However, there is concern that we may not be preparing these students for real life. By providing too many supports, we may not be fostering resilience; and there is concern that the anxious student becomes overly dependent on the teacher. A number of respondents mentioned this and the writer of this dissertation would have the same concern.

The primary research also highlighted a concern mentioned by one respondent regarding overwhelming students. The respondent commented on how some senior lecturers feel it is imperative to provide extensive reading for students on the moodle page. This can do more damage than good and overwhelms students.

4.14 Conclusion of findings and discussion

To conclude, this chapter presented the findings and discussion related to the research objective. The next and final chapter presents the overall conclusions for this dissertation.

5. CHAPTER FIVE CONCLUSIONS

This chapter presents the conclusions in line with the research objectives.

5.1 **Objective one:** To establish a context for mental health in higher education.

The literature clearly identifies that mental health problems and in particular, anxiety related conditions such as generalised anxiety disorder are considered problematic and rising significantly for young people. With regard to higher education, the literature identifies supports in place for students, but also draws attention to how students who come through the DARE scheme may have associative negative attributions to this process, which in turn, can cause anxiety. The researcher has concluded that whilst awareness of mental health and anxiety disorders has significantly improved, there is still a need for identifying those students who have a serious anxiety disorder, such as generalised anxiety disorder. It is highly likely that we will continue to have students with GAD coming through the higher education system. Therefore, it is important that barriers to learning are addressed for this cohort of students. Whilst the primary research demonstrates how lucky we are to have such compassionate lecturers, not all student may be as fortunate.

5.2 **Objective two:** To identify if stigma is a barrier to learning for students with anxiety.

The secondary research has not conclusively identified stigma as a barrier to learning. The primary research indicated a mixed response. While interpreting the primary and secondary findings the researcher has concluded that elements of stigma do still exist, although it is impossible to be definitive. Anecdotal evidence from respondents would suggest that students did experience stigma, even if it was not evident. Primary findings show that not all students 'disclosed' that they had a disability or a mental health condition and perhaps that may have been related to stigma.

5.3 **Objective three:** To identify the skills deficit in students with a generalised anxiety disorder

As mental health is classified as a disability, (AHEAD 2020) a substantial amount of the secondary research emanated from literature related to disability within the education

system. As such, some of the literature was very broad and the researcher was required to extract the relevant information pertaining to the research objectives. It was also noted that there appeared to be little information focusing on generalised anxiety disorder and the impact this might have on learning. While there was plenty of literature to support medical interventions and cognitive behavioural therapy; there was little information directly related to generalised anxiety disorder and the implications for education.

The literature identifies three skill deficits: self-advocacy, self-regulation and self-determination. The researcher has concluded that all three are components of each other and are all inter-related. Self - advocacy and self-regulation underpin self-determination.

5.4 Objective four: To investigate a potential pedagogical approach that might foster skill deficits in students with a generalised anxiety disorder.

The researcher can conclude that there are multiple approaches to fostering skill deficits in students with a generalised anxiety disorder. There are many approaches to encourage self-advocacy and self-regulation in students, which in turn will underpin self-determination. However, it would appear from the primary research that positive encouragement and a compassionate approach towards the anxious student produces the most promising result. This caring approach supports the needs for autonomy, competency and relatedness in students and this in turn may facilitate intrinsic motivation, which is core to self-determination behaviour. However, it should be noted, that lecturers are not counsellors and there are limitations to the help they can provide.

Primary research indicates there are barriers to providing more care for anxious students, such as, large class sizes, mobility restriction due to recording requirements, class pace and part time staff limitations,

5.5 Recommendations for Practice

- Address the issue of the how to 'identify' students with a generalised anxiety disorder and other anxiety disorders.
- Address the issue of how to communicate in a confidential manner the circumstances of a student with an anxiety related disorder.
- Reduce class sizes to facilitate interaction of teaching staff with all students
- Adapt technology to enable teaching staff to 'walk the room'. This will enable them to identify and come to the aid of students in difficulty.
- Give lecturers 'some head space', to be in a position to take some time out, to help a student who needs some direction and assistance.
- Ensure that classes are not scheduled back-to-back, therefore allowing time between classes for both teaching staff and anxiety prone students to meet.
- Provide training, so that all lecturers understand the physical and psychological signs of a student in distress, whilst acknowledging that this might not always be clear to see.
- Draw attention to how teaching staff might be able to foster skill deficits in student with a generalised anxiety disorder that would also be of benefit to all students in the classroom.

5.6 Recommendations for future research

This qualitative research study was conducted over a relatively short period. The area of anxiety is both complicated and subjective. As such, it would lend itself to a longitudinal study.

A longitudinal study in this area could apply and test one of models discussed in this study. For example Test et al (2005) framework for self-advocacy. This would help to establish if it works for students with a serious anxiety related disorder.

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Appendix 1

Participant Information Sheet

Researcher: Deirdre Gorman, Programme Director BA (Hons) International Hospitality Management and Diploma in International Hospitality Management, Griffith College Dublin. Lecturer in Business and Hospitality, Griffith College Dublin.

Purpose of Study: This study is for a dissertation in partial fulfilment of the MA in Training and Education (level 9) at Griffith College Dublin. The aim of this study is to identify a pedagogical approach that could assist learners with a generalised anxiety disorder (GAD). The research will focus on skill deficits identified in students with a generalised anxiety disorder and will explore how lecturers may foster essential skills in students with GAD. This in turn may help all students.

Generalised Anxiety Disorder (GAD): The Health Service Executive describes generalised anxiety disorder as a long-term condition causing sufferers to feel anxious about a wide range of situations and issues, rather than one specific event. People with GAD feel anxious most days. The severity of the condition varies, but it is present most of the time (Health Service Executive 2019). In Ireland, Generalized Anxiety Disorder is the most commonly diagnosed anxiety disorder and usually affects young adults (Mental Health Ireland 2019).

Background to the study: A number of studies have highlighted the mental health crisis amongst young people in general and those in higher education. Recommendations include policy changes in third level education, integrated mental health services, reasonable adjustments and mainly emphasise supports in the student's peripheral environment. Whilst this is important, the author contends that in order to have a more direct influence, interventions are required at the design stage and delivery of lectures and tutorials.

Description of the study: Part - time lecturers are being asked to participate in a research study in an effort to improve the learning environment for students presenting with a generalised anxiety disorder. Data will be collected through an in-depth semi-structured interview. The interview will take approximately one hour. A mutually suitable location for the interview will be selected. Overall, the study will gather data from eight part time lecturers in Griffith College Dublin. It is anticipated that the research undertaken will contribute to a greater understanding of the challenges faced by learners and could provide

teaching staff with guidelines to help improve the learning environment for those students with a generalised anxiety disorder.

Benefits of the Study: The intention is to identify a pedagogical approach (teaching strategy, activities, classroom management) that would improve the learning environment for those students presenting with a generalised anxiety disorder. It is anticipated that the writer, learner and teacher will benefit from this study.

Findings: The findings will be used to compare to secondary research and extant literature in order to identify appropriate teaching strategies and to support recommendations for practise.

Confidentiality: Participation in this study is voluntary and all data gathered will be held in the strictest confidence. You are free to withdraw from the study at any time up to the analysis of findings, at which stage the data will be anonymous.

Up to this point you are free to withdraw your data, without giving a reason for withdrawing, and without your withdrawal having any adverse effect for you.

Data will be stored securely on the researcher's password protected laptop and a backup on an encrypted USB memory stick. The writer will voice record the interview on her mobile phone, which will be password encrypted. The information provided will be transcribed and subsequently coded. At this time, all information will be secured in a locked cabinet, within a secure room in the researchers home. All recordings will be destroyed following the exam boards meeting in August 2020 or after two years, whichever is the sooner. Your feedback will be anonymous and you will not be identified by name in the study.

Appendix 2

Consent Form

Research Title: An investigation into a potential pedagogical approach that might assist learners with a generalised anxiety disorder.

Researcher : Deirdre Gorman deirdre.gorman@griffith.ie

Mobile: 086 806 8370

Participant Consent form. Please tick box to confirm agreement.	
I have read the participant information sheet.	<input type="checkbox"/>
I have had the purpose and nature of the study explained to me.	<input type="checkbox"/>
I had the opportunity to ask questions about this study.	<input type="checkbox"/>
I have received answers to my questions about this study.	<input type="checkbox"/>
I have given permission for the researcher to voice record the interview on her mobile phone, having been assured that it would be password protected.	<input type="checkbox"/>
I have been assured that all data transcribed will be held in a secure location and data will be stored securely on the researcher's password protected laptop and a backup on an encrypted USB memory stick	<input type="checkbox"/>
I have been given the assurance that all data collected will be deleted after the exam board meeting or after two years whichever is the sooner.	<input type="checkbox"/>
	<input type="checkbox"/>

I understand the completed dissertation may be published on the Griffith College repository.

I understand that my research contribution may be shared and used for a further project and/or additional publications in anonymous form.

☐

I understand that I can withdraw from this study at any time before the interview takes place and without having to give a reason for withdrawing.

☐☐

I understand that I am free to withdraw from the study at any time up to the analysis of findings, at which stage the data will be anonymous. Up to this point I am free to withdraw data, without giving a reason for withdrawing, and without my withdrawal having any adverse effect for me.

Signature of Research Participant.

Date:

Signature of Researcher.

Date:

Appendix 3

Interview Guide

Contextual Questions

How many years' experience do you have teaching in third level education on a part time basis?

Which stages do you teach?

Which modules do you teach?

Objective one

Mental Health

2.3 Anxiety Disorders

What is your understanding of anxiety related disorders?

What is your understanding of the psychological effects a learner with anxiety may experience?

(lack of concentration, tiredness, appearing disinterested, irritable, agitated, difficulty making decisions)

What is your understanding of the physical signs a learner with anxiety might display?

(sweating, agitated, tiredness, distant, trembling, appearing dishevelled, embarrassed, restlessness)

In your teaching experience, have you encountered learners with an anxiety related disorder in your class?

If yes, can you elaborate on how you were first made aware of this? *(Programme director, year head, disclosure from learner, noticed changes in student behaviour, other students.)*

2.3.1 Generalised Anxiety Disorders

Have you heard of generalise anxiety disorder?

What is your understanding of the psychological effects a learner with generalised anxiety may experience? *(lack of concentration, worrying, appearing disinterested, panic attacks, feeling edgy, irritable, restlessness)*

What is your understanding of the physical signs a learner with a generalised anxiety disorder might display? (*sweating, agitated, tiredness, distant, trembling, appearing dishevelled, embarrassed, restlessness*)

Based on your teaching experience, what effect does a generalised anxiety have on the learner's ability to participate in your class?

Objective three

2.4 Institutional Barriers to learning.

In your teaching experience, have students ever disclosed mental health issues to you?

If yes, can you elaborate on how this occurred?

2.5 Stigma

In your experience, did you encounter stigma as an issue? From students / faculty?

No - please elaborate

Yes - please elaborate

Objective Four

2.7 Skills Deficits in Students with Anxiety

2.7.1 Self-Advocacy - ability of learner to represent, speak up for one self.

In your teaching experience, how have you encouraged/ fostered self - advocacy?

Components of Self – Advocacy:

Knowledge of self, *understanding their disability, understanding own learning style; and what works best for them. Speaking up, asking questions.*

Knowledge of rights, *special accommodations, learning supports, counselling services available to the student.*

Communication, *ability to engage.*

Leadership, *team / group work*

If no, please elaborate.

If yes, please elaborate.

2.8. Self - Regulation

From your experience, how have you helped learners to self-regulate?

(Tools to help foster self – regulation: Planning, Monitoring, Reflection, Initiation).

2.9. Self Determination

From your experience, how have you fostered self-determination in learners?

(Components of self –determination: autonomy, competence, relatedness. Tools to foster self-determination - goal setting, self-management, problem solving, persistence)

3.0. Classroom management / helping students with anxiety

How would you describe your approach to teaching in general?

How would you describe your method of delivery? *(tone of voice, pace, eye contact, expression, working the room)*

Did you ever have to consider learners with generalised anxiety when delivering lectures? *(tone of voice, pace, eye contact, facial expression, working the room,)*

Have you made any specific provisions for learners with generalised anxiety when designing lesson plans for your classes? *(Setting objectives, personal accommodations, classroom activities, multiple means of engagement from UDL)*

If yes, please describe.

From your experience, did you feel the provisions you made, improved the learning environment for the learner?

If yes, please explain.

If no, please explain.

If yes, please describe

From your experience, do you believe that lecturers have sufficient training to improve the learning environment for students with a generalised anxiety disorder?

If yes, please explain.

If no, please explain.

Are there any supports / specific training you believe would facilitate you to improve the learning environment for students with a generalised anxiety disorder?

If yes, please explain.

Appendix 4 Selection from transcripts

Question 1 Contextual	
How many years' experience do you have teaching in third level education on a part time basis?	Teaching experience. - minimum 10 years Maximum 35 years Different stages - majority taught across all stages
Which stages do you teach?	Modules taught within– hospitality, business, economics, accounting, professional development.
Which modules do you teach?	Lecturers teach Full and part time students
2.3 Anxiety Disorders	A gamut of different mental disorders
What is your understanding of anxiety related disorders?	Term is very vague Unsure Schizophrenia Eating disorders OCD Bipolar Depression
What is your understanding of the physical signs a learner with anxiety might display? <i>(sweating, agitated, tiredness, distant, trembling, appearing dishevelled, embarrassed, restlessness)</i>	Withdrawn, agitated, despondent, red faced when asked to present or give feedback , uneasy, shaking, panicky, panic attacks, dishevelled, appearance not great, sweating, sad. No physical signs, everything appears normal

<p>What is your understanding of the psychological effects a learner with anxiety may experience? <i>(lack of concentration, tiredness, appearing disinterested, irritable, agitated, difficulty making decisions)</i></p>	<p>Worrying , always looking for reassurance, not 'with it', withdrawn, quiet, distant, lacking confidence, no self-belief, not good enough,</p> <p>On the other hand</p> <p>Very talkative, very vocal, argumentative, aggressive</p>
<p>In your teaching experience, have you encountered learners with an anxiety related disorder in your class?</p> <p>If yes, can you elaborate on how you were first made aware of this? <i>(Programme director, year head, disclosure from learner, noticed changes in student behaviour, other students.)</i></p>	<p>Yes - all lecturers</p> <p>Personally noticed something was wrong. (6)</p> <p>Student approached them (2)</p> <p>Year head approached the lecturer (2)</p> <p>Parents contacted the lecturer (2)</p>
<p>2.3.1 Generalised Anxiety Disorders</p> <p>What is your understanding of the psychological effects a learner with generalised anxiety may experience? <i>(lack of concentration, worrying, appearing disinterested, panic attacks, feeling edgy, irritable, restlessness)</i></p> <p>What is your understanding of the physical signs a learner with a generalised anxiety disorder might display? <i>(sweating, agitated, tiredness, distant, trembling, appearing</i></p>	<p>Two lecturers aware of GAD.</p> <p>Symptoms - worry, making a mountain out of a molehill, overthinking everything, second guessing themselves, thinking their work is no good , lack confidence, little self-worth.</p> <p>Physical - similar to anxiety</p> <p>Agitated, but in control,</p> <p>No physical symptoms</p>

<p><i>dishevelled, embarrassed, restlessness)</i></p> <p>Based on your teaching experience, what effect does a generalised anxiety have on the learner's ability to participate in your class?</p>	
Institutional Barriers	
<p>Stigma</p> <p>Would you have considered stigma to be a problem?</p> <p>From the students perspective</p> <p>From Faculty</p>	<p>No experience of stigma, students are more open, maybe in the past might have been an issue, with social media and coverage mental health gets there's no stigma. Influencers and celebs talk about it all the time. Never experienced it in my experience. Peer support is good.</p> <p>On the other hand</p> <p>Yes, have experienced stigma, student embarrassed to disclose.</p> <p>Some academics are very focused on high grades and therefore would dismiss a student who claims to be stressed.</p> <p>Labelling a student as anxious is wrong, being anxious is a feeling and there's nothing wrong with that. We can learn to deal with feelings.</p>
<p>2.7 Skills Deficits in Students with Anxiety</p> <p>2.7.1 Self-Advocacy - ability of learner to represent, speak up for one self.</p> <p>Was S A problematic for students?</p>	<p>Lecturers mentioned that particular modules ie Effective Learning and Development and Personal and professional develop is there to facilitate elements of self-advocacy for example – knowing your own learning style, knowing how and when you learn best, i.e. morning / evenings, knowing your limits, how long can you realistically study for.</p> <p>Elements of ELD and PPD should be incorporated into all modules</p>

<p>In your teaching experience, how have you encouraged/ fostered self - advocacy?</p> <p>Components of Self – Advocacy:</p> <p>Knowledge of self, <i>understanding their disability, understanding own learning style; and what works best for them.</i></p> <p>Knowledge of rights, <i>special accommodations, learning supports, counselling services available to the student.</i></p> <p>Communication, <i>ability to articulate needs and stand up for themselves.</i></p> <p>If no, please elaborate.</p> <p>If yes</p>	<p>I encourage students to ask questions - this will help their confidence.</p> <p>I tell all students I am here for them, to ask questions if they are unsure. If they don't want to ask during class they can see me after.</p> <p>In the first day of term, I talk about how classes run, engagement, tutorials. I tell the students what they can expect and what I expect.</p> <p>In tutorials - students are given group exercises, they have to present, communicate findings – helps communication skills</p> <p>I never put a student down, even if they are wrong - that would only discourage them from speaking up.</p> <p>Always tell students - I can be wrong, you don't have to agree, what's your view.</p> <p>Encourage to speak up</p> <p>Provide prompts to encourage discussion /conversation</p> <p>Only intelligent people ask questions</p> <p>Knowledge of rights - special accommodations -This is only communicated at induction.</p> <p>Handbooks</p> <p>Problem solving</p> <p>I don't know what supports we have in place – maybe I should.</p> <p>Must be careful not to wrongly assume a student has an anxiety issue, might just be normal stress.</p>
<p>2.8. Self - Regulation</p> <p>From your experience, how have you helped learners to self-regulate?</p> <p><i>(Tools to help foster self – regulation: Planning,</i></p>	<p>Lecturers mentioned that elements of self-regulation are covered in ELD and PPD</p> <p>Normally do this when I am going through the course content, I talk about staying on top of things, keeping up as we go along.</p>

<p><i>Monitoring, Reflection, Initiation).</i></p>	<p>Always discuss the importance of planning - from a business perspective and would relate that to how as individuals we plan out next moves.</p> <p>Monitoring - In the US and other colleges students submit pieces of coursework and get feedback. There is continuous feedback, the student knows where they stand on a weekly basis. We can't give that kind of feedback</p> <p>Feedback and reflecting on feedback</p> <p>Reflecting on learning, pay attention in class, go home and test yourself, reflect on what you have learned, if you don't know the topic go over it again, until you do.</p> <p>Initiation - I break the assignment into component parts and explain what I expect in each part. I give lots of examples. (3 respondents)</p> <p>Tutorials are the time to reflect on learning - here we cover what we did in class. This is the time to demonstrate what you know. This is your way to keep on top of things</p> <p>I tell students, get started, it doesn't have to be perfect, just start.</p> <p>I encourage, I say things like it's not that difficult. I try to get them over the hurdle of starting.</p>
<p>2.9. Self Determination</p> <p>From your experience, how have you fostered self-determination in learners?</p> <p><i>(Components of self – determination: autonomy, competence, relatedness. Tools</i></p>	<p>We cover this area in class when we talk about motivation in modules such as HR / OB / Sales and how self-determination theory applies and how and why it works.</p> <p>In lectures - always try to help students relate to the topic and show why they are studying it. How will it benefit them.</p>

<p><i>to foster self-determination - goal setting, self-management, problem solving, persistence, choice making)</i></p>	<p>In tutorial for example – let students choose the area they want to work on.</p> <p>I empower students to decide</p> <p>I tell students ‘ you are well able’, you can do this. Stick with it, its not that hard. Think about it!</p> <p>Persist with the topic - of course you won’t be able to do it the first day, but practice makes perfect.</p> <p>Hospitality is full of problems – so we are always problem solving</p> <p>Build their confidence, encourage, motivate.</p> <p>Anxious students have no problem with self determination</p>
<p>3.0. Classroom management / helping students with anxiety</p> <p>How would you describe your approach to teaching in general?</p> <p>How would you describe your method of delivery? (<i>tone of voice, pace, eye contact, expression, working the room</i>)</p> <p>Did you ever have to consider learners with generalised anxiety when delivering lectures? (<i>tone of voice, pace, eye contact, facial expression, working the room,)</i></p> <p>Have you made any specific provisions for learners with generalised anxiety when designing lesson plans for your classes? (<i>Setting objectives,</i></p>	<p>Always walk around the room. I can see what is going on at the back of the class and I can also make eye contact with those at the back of the class and let them know I can see them.</p> <p>Classroom contract - in the first class</p> <p>I am conscious that I talk too fast, so try to aware of this.</p> <p>I back off students who look nervous - would not put them on a spot.</p> <p>I break up the class, I stop every 20 minutes and give them a break</p> <p>I keep checking in with students throughout the 1.5 hr lecture, any questions, everyone ok?</p> <p>I make sure I am inclusive teacher, I think of the kinaesthetic and visual learner. I make my slides interesting, I include videos and small exercises</p> <p>I always think that if you can get the student interested in the first three weeks, you will hold their interest and keep them attending</p> <p>I think of the student, I always put them first</p>

<p><i>personal accommodations, classroom activities, multiple means of engagement from UDL)</i></p> <p>If yes, please describe.</p>	<p>I am very expressive</p> <p>I add humour, it lightens the mood</p> <p>I try to have fun, lighten things up.</p> <p>I am not strict, I let them leave their phones on.</p> <p>I discuss class etiquette on the first day.</p> <p>I don't really think about different learners, I don't have the time</p> <p>Easier in a small class to work the room and deal with queries, impossible in a big class</p> <p>I don't think about instructional design too much when I am designing lectures.</p> <p>I am lucky I have small classes so I can help the student who is struggling</p> <p>I have two hours, so I just want to get the material covered and that's what I am concerned with</p> <p>No I don't make any provisions for any students</p> <p>Yes, where a student declares they have anxiety I do make provisions. I had a student once who had a depressive / anxiety disorder. I kept an eye on him, helped to put structure on his work – did out a gantt chart and this worked well.</p> <p>Yes definitely, I keep a closer eye on them</p>
<p>From your experience, did you feel the provisions you made, improved the learning environment for the learner?</p> <p>If yes, please explain.</p> <p>If no, please explain.</p>	<p>Yes, I think so. Student did very well in final year.</p> <p>Yes, but takes time, could not do this in large classes.</p> <p>Anxious students need structure and if you can provide that through working on an assignment submission plan that's good.</p> <p>Helping with time management and overcoming problems</p>

<p>If yes, please describe</p> <p>From your experience, do you believe that lecturers have sufficient training to improve the learning environment for students with a generalised anxiety disorder / or anxiety disorder ?</p> <p>If yes, please explain.</p> <p>If no, please explain</p>	<p>Yes , I have experience of this so I know what to look out for.</p> <p>Other lecturers don't have that experience, may be too academic and intolerant.</p> <p>No, they don't have sufficient skills, not all lecturers keep abreast of best practice.</p> <p>I know lecturers who put up far too many irrelevant readings on their moodle page. That would be enough to make any student anxious. It's like well I'm a good lecturer look at all the material I have given to students. The lecturer is misguided and don't realise they are doing more damage than good.</p>
<p>Are there any supports / specific training you believe would facilitate you to improve the learning environment for students with a generalised anxiety disorder/ anxiety disorder?</p> <p>If yes, please explain.</p>	<p>No, I have too much to do.</p> <p>Make the classes smaller</p> <p>Allocate office hours for part time lecturers - we don't have office hours like full timers do.</p> <p>I don't want any training in this area, it's another thing I will have to take responsibility for.</p>